Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow

Patient Registration Form

(To be filled in capital letters)

Q. No. **Date:**

Department:_____

Patient's Name: Mr./Mrs./Km.: First_____Middle_____Last _____

Father's/Mother's/Husband's Name: Mr./Mrs./: First_____Middle_____Last _____

Sex: Male ☐ Female ☐ **Martial Status:** Married ☐ Unmarried ☐ Divorcee ☐ **DOB:** Days__Month__Years_____ **Age:**___

Religion:_____**Occupation:** _____ **Mobile No.:** ☐☐☐☐☐☐☐☐☐☐ **E-mail :**_____

This number is for communicating and SMS to patient

Patient's Present Address

Urban ☐ Rural ☐

House No.:_____

Street/ Village:_____

Locality/PO:_____

Country:_____State:_____

City/District:_____

Pin Code:_____

Nearest Rly. Station:_____

Patient's Parmanent Address

(If different that Present Address)

Urban ☐ Rural ☐

House No.:_____

Street/ Village:_____

Locality/PO:_____

Country:_____State:_____

City/District:_____

Pin Code:_____

Nearest Rly. Station:_____

Emergency Contact Details:

Contact Person_____

Relationship_____

Phone_____

Referral:

Referring Doctor_____

Referring Hospital_____

Refer to Department_____

Patient Indemnity Information:

Type of Proof_____

Identity Card Number_____

Issue Authority_____

FOR OFFICE USE ONLY

Emergency Detail Medical Legal Case: ☐

Name of person brought by_____

Relation_____

Address_____

Certified that the information mentioned above is correct

Name & Signature of Patient /Relative

Please Note: Information once given in the form will not be changed. Only one attendant is allowed with the patient in the hospital. Accommodation facility for patients and relatives is available in PRA and Vishramalaya.