



# Patient Admission Form

DATE: \_\_\_\_\_

<b>PATIENT NAME:</b>	Passport #
Guatemala Address:	Nationality:
Guatemala phone:	DOB, day/mo/yr: <span style="float: right;">Age:</span>
Hometown, address abroad:	Phone:
Email address:	
married / single / attached	working / retired <span style="float: right;">male/female</span>

<b>Medical Request, reason for visit</b>
Do you have preferred doctors/hospitals?
<b>Health History</b>
Allergies: <span style="float: right;">Height: <span style="float: right;">Weight:</span></span>
Previous Surgeries: <span style="float: right;">Blood type:</span>
Have you ever been diagnosed with heart problems, diabetes, liver or kidney problems, asthma, HBP?
Please describe:
Do you have any recent medical reports?
Describe your normal diet:

Medications you take:	For what condition?
1	
2	
3	
4	
5	
6	

<b>Other notes about your health condition:</b>

<b>EMERGENCY CONTACTS</b>
In Guatemala, spouse/friend:
Family and friends abroad, email, phone, city and country.
1
2

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 patient signature