Registration and Medical Information

Personal Information:

Name: ____ Date of Birth: ____/_____/________
Last First Middle

Address: Street ______________________City: ___________________ State: __________

ZIP/Postal Code: _______________Home Phone: ( ) _________ Work Phone: ( ) ___________

Cell ( ) ____________E-mail Address:_____________________________ Gender: ____M ____ F

Passport Number: __________________ Passport Expiration Date:__________________

Employment and Insurance Information:

Employer: ______________________ Occupation: ______________________________

Physicians List Certifications/Medical Specialty____________________________________

____

Employer Address __________________________________Phone: ( ) ________________

Medical Insurance Carrier: ___________________________Phone Number: ( ) _____________

Insurance Carrier Address:____

Name of Policy Holder __________________________Member/Policy Number: ______________

Primary Care Physician:__________________________ Phone: ( )______________________

Emergency Contact Information:

Name: _____________________________________ Relationship to you: ________________

Phone Number: ( ) ___________________ ___________Cell: ( ) _________________

Alternate: Name: _________________________________ Phone Number: ( ) ______________

Medical History

LIST KNOWN ALLERGIES: (MEDICINES, ETC.)

LIST SIGNIFICANT MEDICAL PROBLEMS

MEDICATIONS TAKEN REGULARLY

DRUG	DOSE	FREQUENCY

PRIMARY PHYSICIAN NAME	SPECIALTY	PHONE NO. (WORK)	
ADDRESS	CITY	STATE	ZIP CODE

PLEASE ENCLOSE THE FOLLOWING:

- ❑ A **notarized copy** of your curriculum vitae (*c.v.*)(MEDICAL PROFESSIONALS ONLY if not already on file)
- ❑ A **notarized copy** of your board or specialty certification, and diploma.
- ❑ A photo copy of your passport showing your picture and passport number
- ❑ A **notarized copy** of your current professional license (RN, MD,DO, DDS etc.)

Upon completion of this form please scan and email to:
info@hopeclinicinternational.org ***or mail to:***

Hope Clinic International
PO Box 980573
Ypsilanti, MI 48198

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SIGNATURE DATE