



โรงพยาบาล มหาวิทยาลัยนเรศวร

NARESUAN UNIVERSITY HOSPITAL
NEW PATIENT REGISTRATION FORM

Capital Letter

- OPD
- ER
- ORTHO
- อื่น ๆ

Drug allergy		Blood group	ID Card/Passport No.	
First Name (Mr., Mrs., Miss, Boy, Girl)		Middle Name	Family Name	
Sex <input type="radio"/> Male <input type="radio"/> Female	Date of birth / /		Age	
Marital Status <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widow <input type="radio"/> Priest				
Nationality	Religion		Occupation	
Present address in Thailand			Zip code	Phone number
Birth address			Zip code	Phone number
Father name		Mother name		
Emergency contact person :		Relation to patient :		
Emergency contact person address		Zip code	Phone number	
สิทธิการรักษา.....		เลขที่		