223A

New Child Pre-Registration Form

Patient N°
(For clinic use only)

Tutor Information

First Name: .... Last Name: ....

Date of Birth: .... Gender: Male ❒ Female ❒

Mobile N°: .... Occupation: ....

EID/Passeport N°: .... E-Mail : ....

Child Information

First Name: .... Last Name: ....

Date of Birth: .... Gender: Male ❒ Female ❒

EID/Passeport N°: ....

Nationality: ....

Insurance

Do you have an insurance ? ❒ Yes ❒ No

If yes, please specify your insurance company name & Insurance N°: ....

....

How long has your Child been experiencing this pain / symptom / disorder?

Does he/she have any known allergies? (if yes, please specify) Yes ❒ No ❒

Is your child under any medication at the moment? Yes ❒ No ❒

Is your child actually following an external treatment? Yes ❒ No ❒

Date: / / **Signature:**