

PATIENT QUESTIONNAIRE FOR REGISTRATION

Name:		Surname at birth:	
Surname:		Nationality:	
Title:		Name of employer:	
Personal identification number:			
Health insurance company:		Employed as:	
Date of birth:		Marital status:	
Sex:			
Place of birth:			
Home address:	Street and number:		
	Municipality and postal code:		
Telephone number:			
Contact address:	Street and number:		
	Municipality and postal code:		
Contact to loved one:	Relationship:		
	Name and surname:		
	Telephone number:		
	Municipality:		
Practitioner:			

When registering as a new patient, please present your ID card and health insurance card.