



## REGISTRATION FORM FOR TEMPORARY MEMBERS

*(maximum period of 90 days)*

The questions marked with (required) have to be answered to file for registration. Please fill in the other information as far as possible/relevant. If you prefer, you can print the form and bring it with you or complete the form during the intake consultation.

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_

Family name: \_\_\_\_\_

Your E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Female  Male

Nationality: \_\_\_\_\_ Passport No: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Address (Thailand): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

### **Other members of the family (names, sex and date of birth).**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_



**Medical history:**

Please describe any special medical conditions in your family members that may be important for our medical team to know in case of emergencies during your stay in Hua Hin (e.g. chronic diseases, special medication, allergies, current treatments).

---

---

---

**Period in Hua Hin:**

Arrival Date: \_\_\_\_\_

Departure Date: + \_\_\_\_\_

While we will keep your personal and medical data strictly confidential, by signing this application form you give us permission to share your information with other medical professionals, medical centers and hospitals if and when we regard this relevant for your treatment.

I affirm that I have answered all the above questions to the best of my knowledge and that the above information is a complete and accurate record of my current health condition including all known medical conditions and other information that may be relevant to my undertaking of the treatments and services provided by the Be Well Medical Center

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*n.b. under Thai law, for children under 20 years of age this form needs to be (co) signed by a legal parent*