

St. Luke's International University
St. Luke's International Hospital
St. Luke's Affiliated Clinic
St. Luke's MediLocus
St. Luke's Maternity Care and Birth Clinic
Home Care Service

Date: _____

Registration^{*1}/Changes to Registration Information

<input type="checkbox"/> Registration	Patient Registration Card Number
<input type="checkbox"/> Changes to Registration Information: 1) Address 2) Name	
<input type="checkbox"/> Reissue of Patient Registration Card	

Family Name		First Name	Sex
			1. M 2. F
Date of Birth	(mm/dd/yy)	Age	Nationality
Address in Japan or Hotel name	Zip code _____	This will be registered as your shipping address for all mail from St. Luke's medical facilities*2.	
	Staying until (date): _____		
Primary Phone Number	Please provide a phone number we*2 can reach as needed.		
	Tel: _____		
	<input type="checkbox"/> The patient in question <input type="checkbox"/> Family member (Relationship: _____ Name _____)		
Secondary Phone Number	Tel: _____		
	<input type="checkbox"/> The patient in question <input type="checkbox"/> Family member (Relationship: _____ Name _____)		
	Place of Employment		
		Tel: _____	
Have you ever been to this hospital*2?		Yes	No
Do you have a referral letter from another hospital?		Yes	No
Do you have Japanese health insurance?		Yes	No
Do you have an appointment?		Yes	No
If "No", please indicate the department you would like to visit today.			

*1 Submission of this form is treated as consent to the sharing and usage of your personal information between St. Luke's medical facilities in compliance with this institution's personal information protection policies.

*2 St. Luke's medical facilities includes: St. Luke's International Hospital, St. Luke's Affiliated Clinic, St. Luke's Affiliated Clinic St. Luke's MediLocus, St. Luke's Maternity Care Home, St. Luke's International Hospital's Home Visit Nurse Station, and St. Luke's International Hospital Care Planning Center.

(以下、医療施設記入欄)

■入力処理後、予約センターへ

受付	説明	入力	案内

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