Patient Inquiry Form

(for overseas patients)

Date : (DD/MM/YYYY)

**Patient Information**

First name(required) : Last name(required) :

Date of Birth(required) : (dd/mm/yyyy)

Gender(required) : □ Male □ Female

Nationality(required) :

Contact number(Tel/Mobile) (required) :

Email address(required) :

Native Language (required) :

Other Language(s) you understand : □ Korean □ English □ Other(s)

Chief Complaint(s) (required) :

Other Complaint(s ) :

Diagnosis(required) :

Details of Inquiry (required)

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History of Present illness (required)

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Past Medical History (required)

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Reason(s) why you would like to be examined/receive treatment at the Kyungpook National University Chilgok Hospital

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Other request(s)

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● Our reply can be only based on information you are providing us. Therefore, we can not respond if the information is not sufficient.

● Please fill out this form with details as much as you can so that doctors can judge your condition better and easier.

● Attach your full medical records for correct assessment.

ex) MRI/CT/X-Ray Images, Test results, Doctor’s notes, etc..

**Requestor Information**

Hospital Name :

Hospital Adress :

Doctor’s Name / Signature :

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