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)

|  |
| --- |
|  |

History of Present illness (required)

|  |
| --- |
|  |

Past Medical History (required)

|  |
| --- |
|  |

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

|  |
| --- |
|  |

Other request(s)

|  |
| --- |
|  |

● 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 :

**KNUCH International Healthcare Business Center**

Tel. +82.53.200.2042~5

Fax. +82.53.200.2049

E-mail knuch-ihbc@knuh.kr

Homepage http://[en.knuch.kr](en.knuch.kr/) (ENG) / http://[ru.knuch.kr/ru/](http://ru.knuch.kr/ru/)(RUS)

Address 807 Hoguk-ro, Buk-gu, Daegu 41404, KOREA

 