223C

# New Child Pre-Registration Form

| Patient N° |
| --- |
| *(For clinic use only)* |

PHYSICAL HEALTH & HEALING CENTER

## Tutor Information

First Name: ..... Last Name: .....

Date of Birth: ..... Gender: Male ☐ Female ☐

Mobile N°: ..... Occupation: .....

EID/Passeport N°: ..... E-Mail : .....

## Child Information

First Name: ..... Last Name: .....

Date of Birth: ..... Gender: Male ☐ Female ☐

EID/Passeport N°: .....

Nationality: .....

## Insurance

Do you have an insurance ? ☐ Yes ☐ No

If yes, please specify your insurance company name & Insurance N°: .....

.....

## How long has your Child been experiencing this pain / symptom / disorder?

Does he/she have any known allergies? (if yes, please specify) Yes ☐ No ☐

Is your child under any medication at the moment? Yes ☐ No ☐

Is your child actually following an external treatment? Yes ☐ No ☐

Date: / / Time: **Signature:**