Taichung Veterans General Hospital
Registration Form (First-time Visitor)

Index No. (staff only)

Name:	Date of birth:	Place of birth:
ID number:	Gender: ☐Male ☐Female ☐Other	Marital status: ☐Married ☐Single
Permanent address:		
Correspondence address:		
Email:	Covered by other insurances: ☐Yes_____ ☐No	
Home/Office phone:	Cell phone:	
Hospitals previously visited for this illness:		
Date of first visit:	Dept. visited:	Blood type:_____
Occupation:	National Health Insurance: ☐Covered ☐Not covered	
Contact person in emergency:	Relationship to the patient:	Phone (H): Cell phone: required
ID (original copy with photo): ☐ ID card ☐ NHI card ☐ Driver's license ☐ Alien Resident Certificate ☐ Passport	Allergies to medicine: ☐Yes ☐No Smoking: ☐Yes ☐Quitted ☐No (If No, Skip the following) ☐Cigarettes ☐Electronic cigarettes/VAPE ☐Tobacco ☐Less than 10 ☐11-20 ☐21-30 ☐Over 31 No./per day for ☐Less than 10 ☐11-20 ☐Over 21 years Do you want to quit smoking: ☐Yes ☐No Exercise in the past 2 weeks: ☐Yes <150mins ☐Yes >150mins ☐No Betel nuts chewing: ☐Yes _____nuts /day for____years ☐Quitted ☐No Drinking in the past half year: ☐Occasionally for____years ☐Frequently for____years ☐Quitted ☐No	

Note:

1. Our hospital offers an app for accessing medical information. Please provide your most up-to-date personal information, with your mobile phone number.
2. After completing the form, please submit it along with your identification documents, health insurance card (if any) to the counter staff for processing.

Staff: staff only

P.S. If you are a foreigner without National Health Insurance coverage, fees will be assessed with an international medical surcharge. For detailed pricing information, please refer to our International Medical Service Center website or scan the QR code.