PACIFIC CROSS VIETNAM

The strength behind your insurance

QUESTIONNAIRE FOR SUPPLEMENTARY MEDICAL INFORMATION

Name of Patient: _____

Date of Birth: _____

Name & Address of Hospital: _____

_____

Date of Admission: _____

What is the emergency/problem like an infection, injury, medical complication?

Medical history:

Present Condition and Vital Signs:

Diagnosis:

Medical Management or Surgical Treatment:

Present Medications and Frequency:

Further Recommendations:

Date: _____

Signature of Attending Doctor with Stamp