

Application No.....

Client No.....

NAME.....AGE.....

Hospital name.....H.N.....

Address.....

ผู้สมัครกำลังรอฟังผลการพิจารณา ของบริษัท ฯ กรุณากรอกประวัติ การตรวจรักษา ในใบรายงานการรักษา  
 โดยแพทย์ผู้ทำการรักษา แล้วส่งคืนบริษัท ฯ โดยด่วน จักขอบพระคุณยิ่ง

ลงชื่อ ..... ผู้รับเงิน  
 ( )

วันที่.....  
 กรุณาประทับตรา ร.พ./สถานพยาบาล

หมายเหตุ กรุณาแนบใบเสร็จรับเงินค่าขอประวัติการรักษาพร้อมด้วย

IF THE FORMAT SET OUT BELOW IS NOT SUITABLE FOR YOU, KINDLY COMPLETE A REPORT AS APPROPRIATE YOU, HOWEVER, OUR FORMAT SHOULD BE A GUIDE TO THE TYPE OF INFORMATION WE REQUIRE.

1. (A) HOW Long have you known the applicant ?

2. (B) When did you last see him/her professionally ?

2. Please state from past records or from your personal knowledge details of all illnesses. Accidents surgical operations or diseases from which the Applicant has suffered. (We would be grateful for the Loan or copies of any reports or results of Specialists' investigations. They will be returned to you promptly)

Date	Complaints & symptoms	Diagnosis	Treatment & Result (Result of Pathological of section)	Duration

In case of malignancy please state the staging

In addition to the answers to the questions above, we would like to have information concerning his/her history of

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for which we understand he/she consulted you on.....

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3. (A) Is he/she now in good health?

(B) Is this usually so?

(C) Any plan of further investigation and treatments If so, please state?

4. Do you have personal or professional knowledge of the patient to fairly accurately answer the following questions?  
 Has he/she ever:  
 (A) habitually drunk heavily?  
 (B) Suffered physically from the effects Of alcohol?  
 (C) smoked heavily ? (>1 pack/day)  
 (D) taken habit – forming drugs , except on doctor’s advice?

Have you recorded the height and weight ?  
 ( Please give readings and dates)

6. Have you recorded the Blood Pressure ?  
 (please give readings and dates)

7. Result of investigation, (please give the reason for tests, dates and name and address, physician)

Investigation	Date	Result
EKG (if abnormal , pls copy EKG tracing		
<b>CXR</b>		
<b>IVP</b>		
<b>GI</b>		
<b>HIV</b>		
<b>BLOOD TESTS</b>		
<b>U/S</b>		
<b>OTHER</b>		

8. Have you examined the urine (please give findings and dates)

DATE		
Albumin		
Sugar		
Blood		
Microscopic exam		

9. Did the applicant, to your knowledge, have the advice, attendance of treatment of any other other physician (if so, please give details including name and address of physician)

10. Additional comments

(there is additional space overleaf if required)

DATE..... SIGNATURE.....  
 ADDRESS..... NAME.....  
 TELEPHONE NO..... QUALIFICATIONS.....

Addtion Comments: