**Intake form passenger patients**

**Personal information**

* **Surname and first letter of name :**
* **Last name :**
* **Date of birth :**
* **Document number from passport :**
* **Phone number :**

**Do you give permission to pass along your name, date of birth and passport number to the CAK (Dutch government institution) for reimbursement of costs?**

**Чи даєте ви дозвіл передати своє ім'я, дату народження та номер паспорта до CAK (Голландська державна установа) для відшкодування витрат?**

* **Permission granted Yes / No**

**Надано дозвіл**

* **Signature patient ………………..**

**Підпис**

**What medication do you use + dose (in mg) + how many times per day**

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**Indicate whether this applies to you:**

**Surgery Yes / No What kind:**

**Chronical disease Yes / No Name:**

**Anticoagulant (aceno or fenprocoumon) Yes / No**

**Pregnancy/ Brestfeeding Yes / No**

**Renal impairment Yes / No**

**Heart / Vascular disease / High blood pressure Yes / No**

**Lung disease Yes / No**

**Diabetes Yes / No**

**Allergies or intolerances Yes / No What kind:**

**Temporary residence :**

**Zip code & house number :**

**City :**