

Surname	
Name	
Date of Birth	
Patient number	

Administrative Details

Surname	
First Name	
Date of Birth	
Sex	
Marital status	
Nationality	
Religion	
Profession and Name of Employer	
Address	
Telephone number	
E-mail address	
Next of Kin	
Medical Insurance	
How did you find out about us?	

General Consent:

I hereby consent to being examined and treated by the medical/professional staff of Wellbeing Medical Centre and that details of my medical condition may be used for general educational activities or clinical studies.

I also consent to the details of my medical condition being released if further treatment is required at another clinic or hospital.

I also acknowledge that this consent is subject to the laws and jurisdiction of the United Arab Emirates.

Signature of Patient: _____ Date: _____
(or)

Other responsible party/guarantor:

Name: _____ Signature: _____ Date: _____

Doctor:

Name: _____ Signature: _____ Date: _____

Witness:

Name: _____ Signature: _____ Date: _____