

PIONEER DIAGNOSTIC CENTER

Helping Doctors Help Patients

Tel.: +251-011-6183336/35 | Mob: +251 908 65 65 65 | +251 908 69 69 69 | P.O. Box. 1531-1250 |

E-mail: info@pdc-et.com | Website: www.pdc-et.com | Addis Ababa - Ethiopia.

Patient

Registration Form

Order No. _____

ሥም / Name _____

እድሜ / Age _____

ፆታ/ Sex _____

ክብደት / Weight _____

የደረሱበት ጊዜ / Time of Arrival _____

የቀጠሮ ሰዓት/ Appointment Time _____

Walk in / Emergency _____

ለቢሮ ስራ ብቻ / For Office Use Only

Clinical symptoms

Duration _____

Previous Radiological Examination

ለጥንቃቄ እንዲረዳ ከዚህ በታች ለሚጠየቁት ጥያቄ መልስ ይስጡ ::

For safety reason, please answer Yes or No and indicate if you have any of the following:

	አዎ YES	የለም NO
1. ለደም ግፊት/ ስኳር የሚወስዱት መድሃኒት አለ ? Do you take a blood pressure /diabetic Drug?	<input type="checkbox"/>	<input type="checkbox"/>
2. ለመድሃኒት አለርጂ ኖት ? Are you Allergic to Drug?	<input type="checkbox"/>	<input type="checkbox"/>
3. አስም አሎት ? Do you have Asthma?	<input type="checkbox"/>	<input type="checkbox"/>
4. ለመድሃኒት ለተወሰኑ ምግቦች ወይንም ለኬሚካሎች አለርጂ ኖት ? Are you allergic to drug, food or chemical substance or other?	<input type="checkbox"/>	<input type="checkbox"/>
5. የኩላሊት ህመም አለብዎት ? Do you have a kidney problem?	<input type="checkbox"/>	<input type="checkbox"/>
6. የመተንፈስ ችግር አለብዎት ? Do you have breathing problem or motion?	<input type="checkbox"/>	<input type="checkbox"/>
7. ከዚህ በፊት የቀዶ ጥገና ህክምና አድርገው ያውቃሉ ? Have you undergone any type of surgery?	<input type="checkbox"/>	<input type="checkbox"/>

➔ ለሴቶች ብቻ /Only for Women

8. አሁን ጡት ያጠባሉ ? Are you currently breast feeding?	<input type="checkbox"/>	<input type="checkbox"/>
9. እርግዝና አለዎት ወይንም አርግዝቶብሎት ይጠረጥራሉ ? Are you pregnant or suspect you might be pregnant?	<input type="checkbox"/>	<input type="checkbox"/>

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የታካሚው ወይም የወላጅ ፈርማ

Signature of patient (Davent)

ስልክ / Telephone _____