



KAILASH INSTITUTE OF NATUROPATHY AYURVEDA AND YOGA

26, KP – 1, Greater Noida – 201308, U.P. India

ADMISSION APPLICATION FORM

First Name of Patient:

Date of Birth:

Personal Title/ Occupation:

Residential Address:

Street:

City:

Phone:

Age:

State:

Mobile:

Last Name of Patient:

Gender:

Email Id:

Marital Status:

Pin Code:

Workplace Address:

Company:

Job Title:

Street:

City:

Phone:

Passport No:

Department:

State:

Pin Code:

Place and date of issue:

Co-patient's name, if any:

Relationship with Co-patient:

Passport No:

Place and date of issue:

Brief Description of your health problem:

List of medications presently taking with dosage:

Details of habits:

Tea

Coffee

Alcohol

Smoking

Pan Masala

Zarda

Drugs

Please circle all those applicable.

Are you physically or visually disabled?

Can you walk without support and manage all your domestic requirements by yourself?

If no, please explain.

If you have taken treatment at KINAY previously, then please mention

Date of previous admission:

M.R. No:

You are a resident of - Indian / NRI / Foreign National ()

I hereby declare than the information furnished by me in this form is correct.

Signature of the Patient:

Signature of Co-patient

For Office Use:

Comments by Medical Officer

Admin. Manager