



# NIGHTINGALES HOME HEALTH SERVICES

#337, 2nd Cross, 1st Block, R.T.Nagar, Bangalore 560 032

Ph : 2354 8444, 2354 8555, 2354 8666 TeleFax : 2354 8999

E-mail : nightingales@vsnl.net Website : www.nightingalebangalore.com

## REGISTRATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Pin

Landmark nearby \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ No. of family members \_\_\_\_\_

Name of family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of local guardian \_\_\_\_\_ Phone \_\_\_\_\_  
(if the applicant is staying alone)

### Details of family members (including applicant)

Sl. No.	Name	Sex	Age	Blood Group	Allergic to	Brief Medical History	Medicines Prescribed

I have read the service rules of Nightingales and they are acceptable to me.

Date ..... Signature .....

(for office use only)

Date of Medical Assessment ..... Time ..... Doctor visited .....

Distance : < 5 km  5 - 8 km  8 - 12 km  > 12 km

Doctor's comments / Regular services, if any .....

Receipt No ..... Amount paid ..... Person received payment .....

Membership No ..... Card sent on ..... Expiry Date .....