



Bru-HIMS REGISTRATION FORM

I. PATIENT INFORMATION NOTE: PLEASE USE CAPITAL LETTERS. MARK ✓ IN THE APPROPRIATE BOX. □

Title/Rank:	<input type="text"/>	Marital status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	
Name (First Name)	<input type="text"/>		<input type="checkbox"/> Widower /	<input type="checkbox"/> Separated/	
			Widow	Divorced	
(Last Name / Surname)	<input type="text"/>		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
			Date of Birth : ____/____/____		
NRIC:	<input type="text"/>	Colour/type of IC:	Other Alternate ID:: _____		
			<input type="checkbox"/> Yellow	<input type="checkbox"/> RBAF No.	<input type="checkbox"/> Police No.
		<input type="checkbox"/> Purple	<input type="checkbox"/> Mother's/Father's/Guardian's NRIC : Relationship: _____		
		<input type="checkbox"/> Green	Religion: <input type="checkbox"/> Islam <input type="checkbox"/> Others (Please specify): _____		
Nationality:	<input type="checkbox"/> Bruneian <input type="checkbox"/> Others (Please specify): _____		Race: <input type="checkbox"/> Malay <input type="checkbox"/> Others (Please specify): _____		

IV. EMPLOYMENT DETAILS

Occupation: <i>Please state if student / unemployed / self-employed / retired / housewife</i>	Place of work : <i>(if student please state place of study)</i>
<input type="text"/>	<input type="text"/>
Employer Name:	Employer Address
<input type="text"/>	<input type="text"/>
Mobile no. (Employer):	District: <input type="checkbox"/> Brunei/Muara <input type="checkbox"/> Tutong <input type="checkbox"/> Belait <input type="checkbox"/> Temburong
<input type="text"/>	Postcode: <input type="text"/>
Employer Tel no.:	
<input type="text"/>	

V. ACKNOWLEDGEMENT

I hereby authorize Ministry of Health's representatives to send reminders/ notification through Short Message Service (SMS) and call/ email me at my given contact number(s)/ email address, where applicable, for communications regarding my healthcare, including but not limited to appointment reminders and referral arrangements.

Send me reminders/notification through Short Message Service (SMS): Yes No

I understand I have the rights to rescind from receiving reminders and notifications at any time by notifying the Ministry of Health in writing.

The above information is true to the best of my knowledge and is responsible for any financial payment transactions.

Signature: Date: ____/____/____

Name : NRIC: