



Application Form for Admission

Instructions on the day of admission:

1. A copy of this application form is to be completed and submitted to the registration counter at UMC.
2. The following items are to be brought along:
 - i) Patient's Most Recent Medical Record
 - ii) Patient's Identity Card
 - iii) Caregiver's Identity Card
 - iv) Patient's Medication
 - v) One-time Payment Admission Fee (Non-Refundable)
 - vi) Refundable 1 Month Deposit
 - vii) Pro-rated Maintenance Fee
 - viii) Refundable Medical Float

Client Particulars

Name			
NRIC No.		Gender	Male / Female *
Race		Date of Birth	/ / (dd/mm/yyyy)
Residential Address			
Marital Status	Single / Married / Divorced / Widowed *		
Contact No.		Current Location	
Dialect/Language Spoken			
Brief Medical History			
Special Nursing Care Required		Expected Date of Discharge	/ / (dd/mm/yyyy)

* Delete where inapplicable

Next of Kin / Contact Person

Name			
Residential Address			
Contact No.		Relationship	
Email Address			