



IMARA
M E D I P L U S
C E N T R E

P.O. Box 1446-60100 Embu - Kenya. Tel: +254 722 353 250 / 0780 353 250

Email: imaramed@gmail.com

PATIENT'S NAME AND ADDRESS

IMC NUMBER

DATE OF BIRTH/AGE

DATE OF FILE CREATION

LOCATION

SEX

MARITAL STATUS

PATIENT'S OCCUPATION

PASSPORT/ID NUMBER

REGISTERED BY

PERSONAL/ STAFF #

PATIENT'S HOME & WORK TELEPHONE NUMBER

REFERRING PHYSICIAN

PATIENT'S NEXT OF KIN NAME AND ADDRESS

RELATIONSHIP TO PATIENT

NEXT OF KIN MOBILE NUMBER

1.

2.

NOTIFY IN EMERGENCY NAME AND ADDRESS

RELATIONSHIP TO PATIENT

EMERGENCY CONTACT MOBILE NUMBER

1.

2.

PATIENT'S EMPLOYER NAME AND ADDRESS

EMPLOYER CONTACT NUMBER

EMPLOYER TELEPHONE NUMBER

OFFICE

MOBILE

SPECIAL CLASS

COMMENTS

PREVIOUS INPATIENT ADMISSIONS

YEAR

NAME OF INPATIENT FACILITY

ADDRESS OF INPATIENT FACILITY