DATE: PLACE:	Referred by: Name: Address: Tel: Email:	Fax:
		1.50
		T
Medica	al Questionnaire	Tr.
Name		
Alternate Email Address	31	
Contact Number with Country Code		
Gender		w/
Age GLOBAL TREA	TMENT :	SERVICES
Height		· ALTELI
Weight		ALII I
General Medical History		Your answers
What is your blood pressure?		
Any Past Surgical History	VIDER	
If yes Details of Surgery/Time duration		
Any complications		
Disease History: provide the answers in "Yes" or "N	No" Your answers	
Aids or HIV Positive?		
Tuberculosis?		
Diabetes?		
Australia Antigen (HbsAg)?		
Are you currently on any Medications		
If yes, name the medications, & since when		
, ,		

Please describe your problem in brief: -

## Your Expectation

Any city preferences in India?	47	
Your Budget for this treatment?		

	7-1		1 3	The second					
		Requested service							
	Hospitalizations &	Patient			Accompany People				
Logistic Services		Approved		Terms of Payment		Approved		Terms of Payment	
		Yes	N0	Sponsored	Cash	Yes	No	Sponsored	Cash
1	Hospitalizations					Not Applicable			
2	Recreational								
	Activities								
3	Accommodations								
4	Airport Meet &	111	_/						
	Assist	1/10				IT			
5	Transfer								
	Airport/Hospital/Air								
	port								
6	Escort Service								
7	Car rentals with Driver								
8	Translation Services								

These basic details would help our medical experts to plan your treatment in India. Hence, please provide detailed and accurate information and send it along with latest medical reports (Reports are Mandatory) to help us serve you better.

I hereby declare that the given above information is correct	ct and	i complete
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Name	:			

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