

EMSEY HOSPITAL

YURTDIŐI HASTA BİREYSEL TERCİH SORGULAMA FORMU-İNGİLİZCE

INDIVIDUAL PREFERENCE INQUIRY FORM

Thank you for choosing Emsey Hospital. In order to provide you with the highest level of personalized service, we kindly ask you to fill out this form in order to determine your special / individual preferences in advance. You can be sure that your requests will be met by Emsey International Patient Center within the legal and medical framework. Please do not hesitate to contact us for any questions / request. As Emsey Hospital International Patient Center, we wish you happy and healthy days.

Name – Surname:	Date of Birth:/...../.....
Nationality :	Gender :

COMMUNICATION PREFERENCES

Phone number	:
Language Preference	:
Note:	

TRAVEL PREFERENCES

Need of Auxiliary / Medical Devices in Airport-Aircraft:	<input type="checkbox"/> No	<input type="checkbox"/> Yes.....	
Note:		
Flight Class Preference	<input type="checkbox"/> Economic	<input type="checkbox"/> Business	<input type="checkbox"/>
Note:		

Airport - hospital / guest house transfer preference	Vehicle Classification	
	<input type="checkbox"/> Car	<input type="checkbox"/> Ambulance
	<input type="checkbox"/> Minibus	<input type="checkbox"/> Other.....
Note:	

ACCOMMODATION PREFERENCES

Hospital	<input type="checkbox"/> Standard	<input type="checkbox"/> Connection	<input type="checkbox"/> Suite	<input type="checkbox"/> VIP Suite
Additional medical needs/equipment:			
Note:			
Hotel - Guesthouse	Number of Rooms/ Beds:	Accommodation Type: <input type="checkbox"/> Full	<input type="checkbox"/> Room Breakfast	
Note:			

FOOD/BEVERAGE PREFERENCES

<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Halal Food	<input type="checkbox"/> Kosher Food	<input type="checkbox"/> Vegan	<input type="checkbox"/> Gluten Free	<input type="checkbox"/> Other.....
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SPIRITUAL PREFERENCES AND DEMANDS

<input type="checkbox"/> Places of worship	<input type="checkbox"/> Spiritual counseling preferences	<input type="checkbox"/> Diğer.....
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COMPANION INFORMATION

Companion-caregiver requirement: <input type="checkbox"/> Full Time	<input type="checkbox"/> Time Period
<input type="checkbox"/> Own companion	

ADDITIONAL REQUESTS

<input type="checkbox"/> Personal care demands	<input type="checkbox"/> Privacy demands	<input type="checkbox"/> Visiting hours preferences	<input type="checkbox"/> Other
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