**To assist you, please send this form duly completed to:** **patients.international@chirec.be**

1. **Person for whom medical assistance is required:**

As in passport-identity card:

Family Name:………………………………………………………………………………………

First Name:…………………………………………………………………………………………

Date of birth: …………/…………/……………… (dd/mm/yy)

Place of birth:……………………………………………………………………………………...

Nationality: ………………………………………………………………………………………..

Gender:

|  |  |
| --- | --- |
| Female |  |
| Male |  |

Languages spoken: ………………………………………………………………………………...

Complete Address:
Street/Nr:………………………….……………………………………………………………….
City Code……………………… City……………………………………………………………

Country:…………………………………………………………………………………………….
Telephone (including prefix): ………………………….…………………………………………...

Mobile phone (including prefix): …………………………………………………………………..

Email :…………………………………@………………………………………………………...

Details of accompanying person and/or in case of emergency:

Family Name: ……………………………………………………………………………………...

First Name:…………………………………………………………………………………………

Date of birth: …………/…………/……………… (dd/mm/yy)

Place of birth:……………………………………………………………………………………....

Nationality:………………………………………………………………………………………....

Telephone (including country code):………………………….…………………………………….

Mobile phone: ……………………………………………………………………………………..

Email :…………………………………………..@………………………………………………..

1. **Social security:**
Do you have an European medical health coverage ( EU card, mutuelle)?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

 Do you have a 100% guarantee of payment from a private insurance?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

 If yes, which insurance company ……………………………………………………

 Any other type of financial coverage :

|  |  |
| --- | --- |
| Yes |  |
| No |  |

 If yes, what kind: ………………………………………………………………………………

**3. Medical information:**

Description of the medical problem/medical history/treatment and medical requirements.

|  |
| --- |
|  |

1. **Travel schedule:**

When would you be available to come to Brussels, Belgium? ……………………………………..

 Do you already have a valid VISA?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

**Please provide the following attachments along with this form:**

* **Copy of passport of patient**
* **Guarantee of payment if applicable**
* **Medical file (reports & imaging, e.g. x-rays or others…)**

We will handle your request with the minimum delay possible.

*The International Patients Unit CHIREC –* *patients.international@chirec.be* *– Tel 32 2 434 55 58*