



BHCPF ENROLLEE REGISTRATION FORM



REGISTRATION-FORM-PART-A

NIN (OPTIONAL) REGISTRATION ID

NAME: _____
SURNAME FIRST NAME MIDDLE NAME

GENDER: MALE FEMALE DATE OF BIRTH: / /

ADDRESS: _____

PHONE NO.: _____ EMAIL ADDRESS: _____

RELIGION: CHRISTIANITY MUSILIM OTHERS: _____

MARITAL STATUS: SINGLE MARRIED DIVORCED OTHERS: _____

OCCUPATION: _____ Are You Retired? YES NO

TOWN: _____ STATE: _____ LGA: _____

PREFERED HCP: _____

ANY PRE EXISTING ILLNESS: _____

BLOOD GROUP: _____ GENOTYPE: _____

REGISTRATION-FORM-PART-B

NEXT OF KIN: _____
SURNAME FIRST NAME MIDDLE NAME

NEXT OF KIN PHONE NO.: _____

NEXT OF KIN ADDRESS: _____

MARITAL STATUS: SINGLE MARRIED DIVORCED OTHERS: _____

