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# Health Restore Guest Registration Form *(Private & Confidential)*

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| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
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| Phone: |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Birth: |  | Age |  | ID/ Passport No: |  |

|  |  |
| --- | --- |
| Language(s) spoken: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Occupation: | |  | | | | |
| Tel (HP): |  | |  |  | (Office/Home): |  |

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| --- | --- | --- |
| Nationality | Malaysian | Other |
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| --- | --- | --- | --- | --- |
| Marital Status | Single | Married |  |  |

|  |  |
| --- | --- |
| Name the person who introduced you to Health Restore: |  |

State the nature of your health/medical problems for which you wish to seek advice:

|  |  |
| --- | --- |
| (a) |  |

|  |  |
| --- | --- |
| (b) |  |

|  |  |
| --- | --- |
| (c) |  |

|  |  |
| --- | --- |
| (d) |  |

|  |  |
| --- | --- |
| (e) |  |

|  |  |
| --- | --- |
| (f) |  |

**Please email this to khlim@healthrestore.org.my or Whatsapp to: +6013-3601622**