Bilingual Patient Medical Record Form / Formulario MÃ©dico BilingÃ¼e del Paciente

This **bilingual patient medical record form** sample facilitates accurate and efficient data collection for patients who speak different languages. It ensures clear communication between healthcare providers and patients by including essential medical information in two languages. By using this form, medical professionals can enhance patient care and reduce misunderstandings.

Personal Information / InformaciÃ³n Personal			
Full Name Nombre completo		Date of Birth Fecha de nacimiento	
Gender GÃ©nero	Select / Seleccionar	Phone Number NÃºmero de TelÃ©fono	
Address DirecciÃ³n			
Primary Language Idioma principal		Interpreter Needed? Â¿Necesita intÃ©rprete?	Select / Seleccionar
Medical History / Historial MÃ©dico			
Allergies Alergias			
Current Medications Medicamentos actuales			
Chronic Conditions Enfermedades crÃ³nicas			
Previous Surgeries CirugÃas previas			
Emergency Contact / Contacto de Emergencia			
Name Nombre		Relationship RelaciÃ³n	
Phone Number NÃºmero de telÃ©fono			

Submit / Enviar