

FAMILY PHYSICIAN REGISTRATION FORM

| Building: Apartment: | Name | Last Name | *YU NUMBER | HEALTH INSURANCE COVERAGE STATUS |
|-------------------------------------|-------|-----------|------------|---|
| RESIDENT | | | | SSK <input type="checkbox"/> BAĞKUR <input type="checkbox"/> EMEKLİ SANDIĞI <input type="checkbox"/> PRIVATE HEALTH INSURANCE <input type="checkbox"/> |
| SPOUSE | | | | SSK <input type="checkbox"/> BAĞKUR <input type="checkbox"/> EMEKLİ SANDIĞI <input type="checkbox"/> PRIVATE HEALTH INSURANCE <input type="checkbox"/> |
| CHILD | | | | SSK <input type="checkbox"/> BAĞKUR <input type="checkbox"/> EMEKLİ SANDIĞI <input type="checkbox"/> PRIVATE HEALTH INSURANCE <input type="checkbox"/> |
| CHILD | | | | SSK <input type="checkbox"/> BAĞKUR <input type="checkbox"/> EMEKLİ SANDIĞI <input type="checkbox"/> PRIVATE HEALTH INSURANCE <input type="checkbox"/> |
| CHILD | | | | SSK <input type="checkbox"/> BAĞKUR <input type="checkbox"/> EMEKLİ SANDIĞI <input type="checkbox"/> PRIVATE HEALTH INSURANCE <input type="checkbox"/> |
| PHONE NUMBERS | HOME: | OFFICE: | MOBILE: | |

*YU Number is your Foreign ID number, which is provided to you by Turkish Government after you obtain your residency permit. Please check the following address to reach your YU number by using your residence permit number and date of birth. <http://tckimlik.nvi.gov.tr/web/ForeignQueryIdentityNumber.aspx>

Date: _____

Signature: _____