



International Patient Program

Email request to: IPP@gwu-hospital.com

900 23rd St., NW Suite # G 2016 Washington, DC 20037

Tel: 202-715-5100

Fax: 202-296-1082

Directions and other patient info - http://www.gwhospital.com/Directions-Maps

If imaging or other diagnostic procedure is requested please email or fax a signed order.

New Patient Information Sheet

GWU Hosp. Medical Record #: (if known) [ ] Date: [ ]

Full Name: (First, MI, Last) [ ] Date of Birth: [ ]

SSN #: [ ] Sex (M/F): [ ] Marital Status (S/M/D): [ ] Country: [ ]

Telephone: Home: [ ] Work: [ ] Cell: [ ]

Fax: [ ] E-Mail: [ ]

Address: [ ]

City: [ ] State: [ ] Zip: [ ]

Referring provider: [ ] Telephone: [ ]

Insurance Information: Insurance Name: [ ] ID# [ ] Grp# [ ]

Dates available for service: (provide all available dates) [ ]

Emergency Contact: (name, telephone) [ ]

Medical Appointment Requests:

Diagnosis: [ ] Specialty: [ ]

Diagnosis: [ ] Specialty: [ ]

Diagnosis: [ ] Special [ ]

Other symptoms to address:

[ ]