

## Form to fill in for visits to health care and dental care

Fill in your information on this form and bring it with you on your first visit to health care and dental care.

Date of birth: \_\_\_\_\_

Given name(s): \_\_\_\_\_

Family name(s): \_\_\_\_\_

c/o (Name of your residential institution or the person you are living with): \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Town: \_\_\_\_\_

Telephone number of someone who speaks English or Swedish: \_\_\_\_\_  
\_\_\_\_\_

What language do you speak?

Ukrainian     Russian     English

Other languages: \_\_\_\_\_