

**Ficha de Cliente/Utente**

N.º

PHC \_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- |
| Género |  |  | Data: |  |  |  |

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| --- | --- |
| Nome |  |
| Morada |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Código Postal |  |  | Localidade |  |
| Telefone |  |  | Telemóvel |  |

|  |  |
| --- | --- |
| E-mail |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Data de Nascimento |  |  |  |  |  | NIF |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| BI/C Cidadão nº |  | Data de Emissão / Validade |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Estado Civil |  |  | Escalão |  |
| Nº Utente SNS |  |  | Serviço Principal |  |

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| **Observações:** |