

Contoso Healthcare

New Patient Information

Patient details:

Family name	Smith
Given names	Alex
Date of birth (dd/mm/yy)	06 / 10 / 90

Contact details:

Street address	123 Main St		
City	Anytown		
State	California	Code	90210
Email	patient@example.com	Phone	(555) 123-4567
Preferred contact method	<input checked="" type="checkbox"/> Email	<input type="checkbox"/> Phone	<input type="checkbox"/> Text

My gender identity is:

Male

My pronouns are:

He/Him

Emergency contact:

Name	James Johnson	Relationship to you	Friend
Email	emergency@example.com	Phone	(555) 987-6543

Allergies and medicines

List of allergies and intolerances to medications.	Describe your reaction.
Allergic to penicillin	Difficulty breathing
Intolerant to lactose	Bloating

Signature	Alex Smith	Date	18/Nov/2025
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