Contoso Healthcare

New Patient Information (https://newpatiente2e.github.io/docs/)

Patient details:

Family name _____ family_name _____

Given names _____ given_names _____

Date of birth (dd/mm/yy) _____ date_of_birth ___ / _____

Contact details:

Street address _____ address_street _____

City _____ address_city _____

State _____ address_state _____ Code ____ address_code ____

Email _____ email _____ Phone ____ phone ____

Preferred contact method ☐ Email   ☐ Phone   ☐ Text
prefer_email   prefer_phone   prefer_text

My gender identity is:

____ gender_identity _____

My pronouns are:

____ my_pronouns _____

Emergency contact:

Name ____ emergency_name ____   Relationship to you emergency_relationship

Email ____ emergency_email ____   Phone ____ emergency_phone ____

Allergies and medicines

List of allergies and intolerances to medications.	Describe your reaction.
allergy_1	reaction_1
allergy_2	reaction_2
allergy_3	reaction_3

Signature _____   Date _____