

Contoso Healthcare

New Patient Information (<https://newpatient2e.github.io/docs/>)

Patient details:

Family name _____
Given names _____
Date of birth (dd/mm/yy) __16__ / __Feb__ / __1992__

Contact details:

Street address _____52nd Street_____
City _____New Orleans_____
State _____Louisiana_____ Code _____1234567_____
Email _____myemail@example.com_____ Phone _____565-788-899_____
Preferred contact method ☒ Email ☐ Phone ☐ Text

My gender identity is:

Female_____

My pronouns are:

_She/Her_____

Emergency contact:

Name __Jo Bloggs_____ Relationship to you __Mother_____
Email __jbloggs@example.com_____ Phone __Unkown_____

Allergies and medicines

List of allergies and intolerances to medications.	Describe your reaction.
None	No reaction
_____	_____
_____	_____
_____	_____

Signature _____ Date _23/July/2024_____