

Contoso Healthcare

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

Patient details:

Family name My long Family Name

Given names My first name, my second name, my third name

Date of birth (dd/mm/yy) 17 / 07 / 1977

Contact details:

Street address My house in the middle of the street

City My city

State My home state Code TT98767

Email llfamily@example.com Phone 999956455

Preferred contact method ☐ Email ☐ Phone ☒ Text

My gender identity is:

fluid

My pronouns are:

xie/xer/xers

Emergency contact:

Name My Fathers Name Relationship to you Father

Email myfather@example.com Phone 787878787

Allergies and medicines

List of allergies and intolerances to medications.	Describe your reaction.
<u>Wine</u>	<u>Drunk</u>
<u>Sunshine</u>	<u>Burnt skin</u>
<u>Aspirin</u>	<u>more headaches</u>
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Signature _____ Date 24/9/2022