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| --- | --- |
| FIELDS | INFORMATION |
| Name: | ${name} |
| Birthdate: | ${birth\_date} |
| Age: | ${age} |
| Address: | ${address} |
| Emergency contact: | ${emergency\_contact} |
| Relationship: | ${relationship} |
| Allergies: | ${allergies} |
| Current Medication: | ${current\_medication} |
| Current Health Status: | ${current\_health\_status} |
| Medical History: | ${medical\_history} |