Patient Registration Form

# Hi {{patient.firstName}}!

# To register as a new patient with We.Health, please review your information and Terms and Condition, then sign at the bottom.

# PATIENT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| **PATIENT TITLE:** | {{patient.title}} | **EMAIL:** | {{patient.email}} |
| **FIRST NAME:** | {{patient.firstName}} | **LAST NAME:** | {{patient.lastName}} |
| **DATE OF BIRTH:** | {{patient.dob}} | **ZIP CODE:** | {{patient.zip}} |
| **ADDRESS:** | {{patient.address}} | **ADDRESS 2:** | {{patient.address2}} |
| **CITY:** | {{patient.city}} | **STATE:** | {{patient.state}} |
| **TAKING ANY MEDICATION:** | {{patient.medication}} | **HEALTH STATUS:** | {{patient.hs}} |
| **PHONE:** | {{patient.phone}} | **CURRENT HEALTHCARE PROVIDER:** | {{patient.chp}} |

**{% conditional-section cm.item %}**

**Current Medication**

|  |  |
| --- | --- |
| **MEDICATION NAME** | **MEDICATION AMOUNT** |
| **{{cm.item.name}}** | **{{cm.item.amount}}** |

**{% end-section %}**

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Amet nulla facilisi morbi tempus iaculis urna id volutpat. Pharetra diam sit amet nisl suscipit adipiscing. Augue mauris augue neque gravida in. At tempor commodo ullamcorper a lacus vestibulum sed arcu. Condimentum id venenatis a condimentum vitae sapien. Enim nunc faucibus a pellentesque sit amet porttitor eget. Metus aliquam eleifend mi in. Velit egestas dui id ornare arcu odio ut sem nulla. Consectetur adipiscing elit ut aliquam purus. Tortor at risus viverra adipiscing at in tellus integer. Posuere urna nec tincidunt praesent semper.

By signing this form, you agree to registering as a new Patient with We.Health.

|  |  |  |  |
| --- | --- | --- | --- |
| **PATIENT SIGNATURE:** | {{sign1\_es\_:signer1:signature }} | **DATE:** | {{date1\_es\_:signer1:date}} |
| **OFFICE MANAGER SIGNATURE:** | {{sign2\_es\_:signer2:signature }} | **DATE:** | {{date2\_es\_:signer2:date}} |