

**[Add New Patient Page Title]****[Personal Information]**

Full Name \*

[Enter Full Name]

Gender \*

[Male / Female / Other]

Date of Birth

dd . mm . yyyy

Age

Blood Type

Weight (kg)

[A+, B-, etc.]

Height (cm)

**[Contact Information]**

Phone

[Enter Phone]

Email

[Enter Email]

Address

[Enter Address]

**[Medical Conditions]**Allergies ☐Diabetes ☐Hypertension ☐Heart Disease ☐Smoker ☐**[Visit Information]**

Admission Date

dd . mm . yyyy

Last Visit Date

dd . mm . yyyy

**[Medical Records]**

Medical History

[Enter Medical History]

Current Medications

[Enter Current Medications]

Immunization Status

[Enter Immunization Status]

Lab Results

[Enter Lab Results]

Billing Information

[Enter Billing Info]

Diagnosis

[Enter Diagnosis]

Treatment Notes

[Enter Treatment Notes]

**[Report Upload]** No file chosen**[Footer Placeholder]**