

[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]** Choose File No file chosen [Save Patient] [Cancel]**[Footer Placeholder]**