



Contoso Health Care

en-AU

New Patient Information

Patient details:

Family name MyfamilylongName

Given names ThisIsMyFirstName ThisIsmySecondName

Date of birth (dd/mm/yy) 6 / 04 / 1996

Contact details:

Unit 60 Number 250 Street MyHouseInTheMiddleOfTheStreet

City SomeRandomCity Name

State StateName Code 8989

Email MyEmailAddress@msn.com Phone 78879099

What is your current gender identity? (Check ALL that apply):

- ☐ Male ☐ Female ☐ Transgender Male/Transman/FTM
- ☐ Gender Queer ☐ Decline ☒ Transgender Female/Transwoman/MTF

What pronouns do you prefer that we use when talking about you? (Check all that apply):

- ☐ She/her/hers ☐ He/him/his ☒ They/them/theirs ☐ Other _____

Emergency contact:

Name My Emergency Contact Relationship to you Partner in crime

Email emergency@icloud.com Phone 87878777

Allergies and medicines

List of allergies and intolerances to medications.	Describe your reaction.
<u>Bread</u>	<u>rash</u>
<u>Water and more water everywhere</u>	<u>Feel wet</u>
<u>Air too much oxygen</u>	<u>Feel a bit strange !</u>

Signature MyDigitalSignature Date 01/09/2022