



# Contoso Health Care

en-AU

New Patient Information (<https://newpatiente2e.github.io/docs/>)

## Patient details:

Family name \_\_\_\_\_

Given names \_\_\_\_\_

Date of birth (dd/mm/yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Contact details:

Unit \_\_\_\_\_ Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

## 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 \_\_\_\_\_ Relationship to you \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

## Allergies and medicines

List of allergies and intolerances to medications.

Describe your reaction.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_