

Contoso Healthcare

New Patient Information (<https://newpatient2e.github.io/docs/>)

Patient details:

Family name _____
Given names _____
Date of birth (dd/mm/yy) _____ / _____ / _____

Contact details:

Street address _____
City _____
State _____ Code _____
Email _____ Phone _____
Preferred contact method ☐ Email ☐ Phone ☐ Text

My gender identity is:

My pronouns are:

Emergency contact:

Name _____ Relationship to you _____
Email _____ Phone _____

Allergies and medicines

List of allergies and intolerances to medications.	Describe your reaction.
_____	_____
_____	_____
_____	_____

Signature _____ Date _____