

Contoso Health Care

New Patient Information (<https://newpatient2e.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):

- | | | |
|---------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Transgender Male/Transman/FTM |
| <input type="checkbox"/> Gender Queer | <input type="checkbox"/> Decline | <input type="checkbox"/> Transgender Female/Transwoman/MTF |

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

- | | | | |
|---------------------------------------|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> She/her/hers | <input type="checkbox"/> He/him/his | <input type="checkbox"/> They/them/theirs | <input type="checkbox"/> Other _____ |
|---------------------------------------|-------------------------------------|---|--------------------------------------|

Emergency contact:

Name _____ Relationship to you _____
Email _____ Phone _____

Allergies and medicines

List of allergies and intolerances to medications.

Describe your reaction.

Signature _____ Date _____