



Contoso Health Care

en-AU

New Patient Information

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 _____