## Patient demographic registration form submission process flow

1. USER WILL FILL THE DETAILS HERE

ographic Information	Level 2: Show form summary Level 3: Details submi
Patient De	mographic Information
Step 1: Personal Infor	mation
Name *	First Name Middle Name Last Name
Date of Birth *	Wonth Day Year
Sex *	•
Weight (pounds)	
Height (inches)	
Marital Status	•
Step 2: Contact detail	ls
Contact Number: *	Area Code Phone Number
Address: *	
	Street Address Street Address Line 2
	City County
	United Kingdom   ▼  Country
E-mail *	ex: myname@example.com
Step 3: Emergency de	etails
Emergency Contact:	
Relationship	First Name Last Name
Contact Number	
	Area Code Phone Number
Step 4: Optional deta	ils
Do you have any allergies?	© Yes © No
If yes, please list it here	
Do you have any medical history?	<ul><li>Yes</li><li>No</li></ul>
If yes, please give us	
details	
	Show summary Clear Form
	Cical Form

2. FORM SUMMARY WILL BE DISPLAYED AND CAN BE EDITED HERE

nographic Information	Level 2: Show form summary	Level 3: Details submitt
	- d-4-21-1-1	
Please check you Change anything if red	r details below quired before pressing the submit button	
Step 1: Personal Infor	mation	Edit 🖒
Name *	Puneet	
	First Name Middle Name Last Name	
Date of Birth *	November → 11 → 1979 →  Month Day Year	
Sex *	Male ▼	
Weight (pounds)	112	
Height (inches)	178	
Marital Status	Married ▼	
Step 2: Contact detai	ls	Edit 🖒
Carta at Namel an	0777 - 3042511	
Contact Number	0777 - 3042511  Area Code Phone Number	
Address: *	40 Bishops Court Street Address	
	Broadwick Street Street Address Line 2	
	London City County	
	W2A 5TY United Kingdom Country	•
E-mail *	puneet@live.co.uk	
Step 3: Emergency de	tails	Edit 🖒
Emergency Contact:	Neha Mathur	
<b>,</b>	First Name Last Name	
Relationship	Wife	
Contact Number	0777 - 3042511  Area Code Phone Number	
Step 4: Optional deta	ils	Edit 🖒
Do you have any allergies?	<ul><li>Yes</li><li>No</li></ul>	
If yes, please list it		
here		
		.::
Do you have any medical history?	<ul><li>Yes</li><li>No</li></ul>	
If yes, please give us		
details		
		.::
	Submit	

3. THANKS YOUR PAGE

