

Patient Registration & Intake Form (Filled) - Form 1

Demo document (synthetic data) | For AI form extraction testing | India

Patient Details

Field	Value
Patient Full Name	Ananya Reddy
Gender	Female
Date of Birth	14-08-1996
Age	29
Mobile Number	+91 98765 43210
Email	ananya.reddy@example.com
Address	Flat 402, Sri Sai Residency, Madhapur, Hyderabad, Telangana - 500081
Aadhaar (Last 4 digits)	1234
Marital Status	Single
Occupation	Software Engineer

Visit Information

Field	Value
Hospital/Clinic Name	Sunrise Multispeciality Clinic
OPD Registration No.	OPD-HYD-2026-000147
Visit Date	20-01-2026
Consulting Department	General Medicine
Chief Complaint	Fever and sore throat for 2 days
Symptoms Duration	2 days

Medical History

Field	Value
Known Allergies	None
Current Medications	Paracetamol 650 mg (as needed)
Past Medical History	No chronic illness reported
Diabetes	No
Hypertension	No
Asthma	No

Insurance & Payment

Field	Value
Payment Mode	Cashless

Insurance Provider	Star Health and Allied Insurance
Policy Number	STAR-HYD-PLN-784512
TPA Name	MediAssist
Employee/Member ID	SH-EMP-20983

Emergency Contact

Field	Value
Contact Name	S. Ramesh Reddy
Relationship	Father
Mobile Number	+91 99887 77665

Consent & Signature

Field	Value
Consent Given	Yes
Patient Signature	Ananya Reddy
Signature Date	20-01-2026