

Patient Registration & Intake Form (Filled) - Form 2

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

Patient Details

Field	Value
Patient Full Name	Rahul Sharma
Gender	Male
Date of Birth	02-11-1988
Age	37
Mobile Number	+91 91234 56789
Email	Not Provided
Address	H.No. 12-3-45, Sector 7, Rohini, New Delhi - 110085
Aadhaar (Last 4 digits)	7781
Marital Status	Married
Occupation	Sales Manager

Visit Information

Field	Value
Hospital/Clinic Name	CityCare Hospital
OPD Registration No.	OPD-DEL-2026-000392
Visit Date	19-01-2026
Consulting Department	Orthopedics
Chief Complaint	Right knee pain after minor fall
Symptoms Duration	1 week

Medical History

Field	Value
Known Allergies	Penicillin
Current Medications	Diclofenac gel (topical)
Past Medical History	History of gastritis
Diabetes	No
Hypertension	Yes (controlled)
Asthma	No

Insurance & Payment

Field	Value
Payment Mode	Self-pay

Insurance Provider	Not Applicable
Policy Number	Not Applicable
TPA Name	Not Applicable
Employee/Member ID	Not Applicable

Emergency Contact

Field	Value
Contact Name	Pooja Sharma
Relationship	Wife
Mobile Number	+91 90000 11223

Consent & Signature

Field	Value
Consent Given	Yes
Patient Signature	Not Signed
Signature Date	Not Provided