

# Patient Registration & Intake Form (Filled) - Form 3

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

## Patient Details

Field	Value
Patient Full Name	Meera Nair
Gender	Female
Date of Birth	27-03-2001
Age	24
Mobile Number	+91 98111 22334
Email	meera.nair@example.com
Address	2nd Floor, Lakshmi Towers, Kaloor, Kochi, Kerala - 682017
Aadhaar (Last 4 digits)	5609
Marital Status	Single
Occupation	Student

## Visit Information

Field	Value
Hospital/Clinic Name	Kerala Wellness Centre
OPD Registration No.	OPD-KOC-2026-000058
Visit Date	18-01-2026
Consulting Department	Dermatology
Chief Complaint	Itching and rash on arms
Symptoms Duration	3 days

## Medical History

Field	Value
Known Allergies	Dust allergy
Current Medications	Cetirizine 10 mg (night)
Past Medical History	Seasonal allergies
Diabetes	No
Hypertension	No
Asthma	No

## Insurance & Payment

Field	Value
Payment Mode	Cashless

Insurance Provider	HDFC ERGO Health Insurance
Policy Number	Not Provided
TPA Name	Health India TPA
Employee/Member ID	HDFC-ERGO-11902

### Emergency Contact

Field	Value
Contact Name	Not Provided
Relationship	Not Provided
Mobile Number	Not Provided

### Consent & Signature

Field	Value
Consent Given	Yes
Patient Signature	Meera Nair
Signature Date	18-01-2026