[Company name]

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Clinic patient intake form

New patient registration - personal details, medical history and consent in one form.

Patient details

Full name	[Full name]
Date of birth	[Date]
Address	[Full address]
Phone	[Phone]
Email	[Email]
Emergency contact	[Name and phone]
GP / family doctor	[Name and practice]
Current medication	[List, or ‘none’]
Allergies	[List, or ‘none known’]
Medical conditions	[List relevant conditions]

Medical history

[Brief history relevant to this visit]

Reason for visit

[Describe symptoms or reason for attending]

Consent

I consent to examination and treatment at this clinic, and to my information being stored securely for clinical purposes. I understand I can withdraw consent at any time.

Sign-off

Patient	Signature	Date