Riverside Health Clinic

Clinic patient intake form

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

Patient details

Full name	Sarah Mitchell
Date of birth	9 November 2026
Address	14 Oakfield Road, Birmingham B17 9JH
Phone	01632 960 123
Email	sarah.mitchell@riverside-health-clinic.co.uk
Emergency contact	01632 960 123
GP / family doctor	Sarah Mitchell
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 as agreed at the meeting.

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