[Company name]

How to use this document: delete this paragraph before saving, sharing, or circulating it. Every part shown in blue is yours to replace: type your own details over each blue [field] until no blue remains. Then select all (Ctrl+A) and set the font colour to the same dark colour throughout. What is left is your finished document.

Clinic patient intake form

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

Patient details

Full name: _____

Date of birth: _____

Address: _____

Phone: _____

Email: _____

Emergency contact: _____

GP / family doctor: _____

Current medication: _____

Allergies: _____

Medical 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:** _____