Riverside Health Clinic

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 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:** _____