

New Patient Record Form

The **new patient record form** sample for general practitioners is designed to efficiently capture essential medical history and personal information. This form ensures accurate data collection to facilitate effective patient care. It streamlines the registration process, improving workflow in medical clinics.

A. Personal Information			
Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Gender:	<input type="text"/>	Phone Number:	<input type="text"/>
Address:	<input type="text"/>		
Email:	<input type="text"/>		

B. Emergency Contact			
Name:	<input type="text"/>	Relationship:	<input type="text"/>
Phone:	<input type="text"/>		

C. Medical History	
Past Medical Conditions:	Surgeries and Hospitalizations:
<input type="text"/>	<input type="text"/>
Allergies:	<input type="text"/>
Current Medications:	<input type="text"/>
Family Medical History:	<input type="text"/>

D. Lifestyle			
Smoking:	<input type="text"/>	Alcohol Use:	<input type="text"/>
Exercise Frequency:	<input type="text"/>		

Patient's Signature: Date: