

# Client Registration Form

Healthcare Clinic

## Personal Information

**First Name \***

**Last Name \***

**Date of Birth \***

**Gender**

 Select...

**Phone Number \***

**Email Address**

**Address**

**Emergency Contact Name**

**Emergency Contact Phone**

## Medical Information

**Medical History**

List any chronic conditions, allergies, or past surgeries

**Current Medications**

List all medications currently being taken

**Insurance Provider**

**Insurance Policy/Member Number****Consent & Signature**

**I agree to the processing of my personal data for healthcare purposes and confirm all information provided is accurate.**

**Signature**

Type your full name as signature

**Date****Register**

*This form is a sample template for informational purposes. Actual clinic use should comply with local healthcare regulations and privacy policies.*