Patient Registration Form

Patient information	
Full name: Juan Dela Cruz	Date of birth: 05/09/1990
Gender: (•) Male ( ) Female ( ) Other:	
Marital status: (•) Single ( ) Married ( ) Divorced ( ) Widowed	
Address: 123 Rizal Avenue, Quezon City, Philippines	
Phone number: +63 917 123 4567	Email address: juan.delacruz@email.com
Emergency contact	
Name: Maria Dela Cruz	
Relationship to patient: Wife	Phone number: +63 917 987 6543
Insurance information	
Primary insurance: PhilHealth	
Policyholder’s name: Juan Dela Cruz	
Policy number: PH123456	Group number: G12345
Secondary insurance (if applicable): None	
Policyholder’s name: NA	
Policy number: NA	Group number: NA
Primary care physician information	
Physician name: Dr. Lavender Fields	
Practice/clinic name: Manila General Hospital	Phone number: +63 2 123 4567
Reason for visit	
Routine check-up	

Medical history	
Known allergies: ◉ No ○ Yes, please list:	
Current medications:	
Multivitamins	
Chronic conditions: ○ No ◉ Yes, please list: Hypertension	
Consent	
I, Juan Dela Cruz, hereby consent to the collection and use of the information provided above for medical purposes and understand that this information will be kept confidential in accordance with applicable laws and regulations.	
	October 1, 2024
Patient’s signature	Date