

NEW PATIENT REGISTRATION FORM

We are a PRIVATE medical clinic and there is a fee for all of our consultations.
Please ask reception for prices.

All the information you provide is CONFIDENTIAL

Full Name:	
Sex:	M / F
DOB:	
Address:	
Email:	
Mobile number:	
Work / Landline number:	
Language spoken if interpreter required:	
Occupation:	

We may need to contact you by email or phone to discuss your results or treatments.

Please indicate the preferred method of contact:

Phone

Email

We would like to keep you up to date with our services by email. We will however respect your privacy. Please tick the box if you do not wish to be contacted.

Contacting your GP

It is good medical practice for your GP to be kept informed about any treatment or medicine you receive. You are, however, not obliged to give us this information.

Would you like us to inform your GP? Y N

GP details:	
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Your feedback:

We are very keen to remain a leading, reputable provider of medical services and treatments. If you have any feedback, comments or complaints please let us know.

How did you hear about us?

- Internet search
- Through the London Clinic
- A friend
- Other

Please specify:

Do you have private medical Insurance:

Yes/No :
 Details:

Thank you

Patient Signature:	
Date:	