

NEW PATIENT REGISTRATION FORM - Adult

TITLE DATE OF BIRTH

FORENAMES SURNAME

ADDRESS

..... POSTCODE

HOME TEL MOBILE

EMAIL

NEXT OF KIN CONTACT NO

NEXT OF KIN EMAIL

DO YOU HAVE AN NHS GP? YES NO

If yes, WOULD YOU LIKE US TO INFORM THEM OF THE DETAILS OF YOUR CONSULTATION? *If so, please fill*

.....

HOW DID YOU HEAR OF US? (*Website, patient recommendations etc.*).....

I CONSENT TO EMAIL COMMUNICATION

I CONSENT TO POSTAL COMMUNICATION

STATEMENT :

I have read the Practice brochure and current price list, which details the charges for each service that Courtfield Private Practice is able to provide. In particular, I agree to the current charges for the surgery consultations, telephone consultations, telephone or fax prescriptions, home visits and health screens. I also understand that these charges are revised on the 1st January of every year.

I agree to settle any payments due to Courtfield Private Practice at the time of the consultation and not through an insurance company. Appointments cancelled on the day of the appointment will incur a charge of 50% of the consultation fee. Failure to attend your appointment without notice will incur a charge of 50% of the consultation fee.

*To ensure you receive the right care we may share information about you and your care with other health professionals. We will **only** use or pass on identifiable information about you with other health professionals who are involved in the direct provision of your care.*

By registering with this practice you are consenting to your information being shared with other medical healthcare professionals who may be involved in your care. However, you can ask for your information not to be shared outside of the practice. If you decide to opt out it will not affect your entitlement to care. However, it may result in the delivery of your care being less efficient as clinicians will not see your full medical history. In the event of a home visit being necessary, doctors from Courtfield Private Practice will visit SW5, SW6, SW7, SW10, W8, W9 & W14. However, at weekends and evenings this may be carried out by an independent doctor service who have their own fee structure. If you have any concerns about how your information is shared or held, please contact the Practice Manager.

SIGNED

DATE