CHELSEA MEDICS

New Patient Registration Form

If you would like to register as a new patient, then please fill out our registration form.

1. Patient Details

☐ Mrs ☐ Mr ☐ Ms ☐ Other (please specify) .....

First Name..... Last Name.....

Date of Birth.....

Occupation.....

Address.....
..... Post Code.....

Mobile Telephone.....

Home Telephone.....

Email.....

I agree to receive emails, including invoices and receipts, from Chelsea Medics. □ Yes □ No

Emergency Contact name and telephone number
……
……

If necessary are you happy for us to correspond with your NHS GP? ☐ Yes ☐ No

NHS regular GP……

How did you hear about us?……

Please list your medical history
……

……

What medication are you taking?

……

……

Do you have any allergies?

……

2. Data Protection Consent

Chelsea Medics is committed to protecting and respecting patient privacy and complying with data protection legislation and medical confidentiality guidelines. We have very strict rules and procedures in place to ensure that your information is kept safe and that your personal details are always kept safe. Please can you tick how you would like to be contacted?

	E-mail	Telephone	Post
General Contact	☐	☐	☐
Referral confirmation	☐	☐	☐
Appointment reminder	☐	☐	☐
Appointment booked confirmation	☐	☐	☐
Recall reminders	☐	☐	☐
Debt chasing	☐	☐	☐

Can we leave a voice Message on your phone Yes ☐ No ☐

SMS / text message Yes ☐ No ☐

3. Fees

Fees are payable at the time of consultation by debit, credit card or cash. A cancellation fee is charged on appointments cancelled with less than 24 hours' notice.

Agreement, declaration & consent: I confirm that I have read, understood and accepted the terms and conditions set out in the registration form. I understand that I am personally responsible for any costs associated with my treatment and I undertake to settle any costs at the time after my appointment.

Patient Signature: .....

Date: .....

*Applicable where the patient is under 18 years of age or does not have mental capacity. If not the patient, please state the relationship to the patient.

Confidentiality and data protection

All patient data is handled in accordance with the Data Protection Act 1998

Your medical records are stored electronically and accessed only by authorised personnel. Disclosure of information may be made to appropriate health professionals when communicating about your

presenting condition. It is common practice to write to a referring specialist or your NHS GP. **If you would like us to do this, please inform your Doctor.**

Chelsea Medics will share your non-medical information in relation to billing, processing, payments of collection of accounts. This extends to any person or organization they may involve achieving this. Chelsea Medics will employ appropriate measures to protect your personal data where this is the case.

Chelsea medics has regulatory and or compliance obligations to share certain clinical data with various government and regulatory bodies for e.g CQC. This may include any personally identifiably clinical information.