

PATIENT REGISTRATION INFORMATION

Private and Confidential

Please use Block Capitals:

Mr/Mrs/Miss/Ms/Other

Surname First Names

Address

.....

Date of Birth Home Tel:

Mobile No..... Work Tel:

Email:

GP: Name NHS Number

GP Practice and Address

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Marital Status Occupation/Past Occupation

Religion Ethnic Origin Interpreter Required

Disability Y/N If so are any adjustments/assistance required

Next of Kin - Name Relationship

Contact details

PROTECTING YOUR DATA

In providing health care services to you, we have an obligation to protect all of your personal data we hold. (Please see the Data Protection Privacy Notice for Patients QMS040). We may request information about your medical health and also send information about your medical health through to other health care professionals in the course of managing your care. We may need to send you information relating to your health such as letters for recalls, for tests, reviews, and consultations. It is the patient's responsibility to inform their NHS GP that Dr Adams has been consulted. We need to know that you are happy for us to do so and by signing the authorisation box below you are agreeing that you understand and accept this.

SIGNATURE	PRINT NAME	DATE
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Please complete these details so that we can maintain accurate records in order to enable us to provide the highest standard of care and return to:

Dr Mary Adams, Victory House, The Sidings, Whalley BB7 9SE