

Hospital of St John & St Elizabeth - Outpatient Registration Form

Title		Hospital Number
Surname		
Forenames		
Parent / Guardian Name		
Sex		Nationality
Date of Birth	Age	Ethnicity
Occupation		
Address		Permanent Overseas Address
Postcode		
Country		
Home Telephone Number		
Mobile Telephone Number		
Work Telephone Number		
Email	<input type="checkbox"/> Tick if you do not wish the Hospital or Consultant to communicate via email <input type="checkbox"/> Tick if you do not wish to be contacted by the Hospital or Consultant for future promotions	
GP's Name		
GP's Address		
Postcode		
GP's Email		
Clinic Name / Consultant / Referral for Today's Visit	Own GP <input type="checkbox"/> Self - Referred <input type="checkbox"/> Other Referral Source _____	

Medical Insurance Details: N.B. We can only send the invoice to your Medical Insurance Company if you provide a valid pre-authorisation number for today's attendance. If you cannot provide these details you will be asked to settle the account today and reclaim through your insurer.

Insurance Company	
Membership No.	Authorisation No:
Reason for Initial Visit	

Please Note: If you are referred by a Solicitor as part of a medico-legal claim or by an Embassy, Company or other organisation who will be responsible for payment of your accounts, a letter guaranteeing payment will be required from the sponsor before treatment is given.

I will be paying for my treatment as follows:	
<input type="checkbox"/> Insurance pre-authorisation (details above)	<input type="checkbox"/> Guarantee letter from sponsoring organisation:
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit/Debit card	<input type="checkbox"/> Other, please specify:
<u>All patients receiving treatment at the Hospital must provide the Hospital with their card details.</u>	
<input type="checkbox"/>	I have read and understood the Terms and Conditions overleaf
<input type="checkbox"/>	I agree to the Hospital of St John and St Elizabeth sharing my demographic details with my named consultant(s)
Signed:	Date: