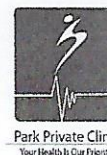


# Park Private Clinic Registration Form



First Name	Surname		
Date of Birth	Contact number		
Email address			
Address			
	Postcode		
Brief reason for visiting			
How did you hear about us?			
Search engine	Word of mouth		
Social Media	Other (please specify):		
Please indicate by circling yes or no if you wish the clinic/doctor to contact you via:			
Text	Y / N	Telephone	Y / N
Email	Y / N	Post	Y / N
<p>We are a private medical practice. A standard initial consultation with our GP lasts around 30 minutes and costs £100. The following are priced separately.</p> <p>Medicals</p> <p>Blood tests</p> <p>Scans</p> <p>Investigations</p> <p>Prescriptions</p> <p>Referrals</p> <p>If you have any queries regarding prices, please do not hesitate to ask us. Most of our prices are also listed in the waiting room and on our website.</p> <p>By signing this form you are agreeing to pay for the services you receive from us.</p>			
<p>If you are under 18, you must be accompanied by a parent or guardian or someone who is over the age of 18.</p>			
Signature		Print name	
Date			
Accompanying adult (if applicable)			
Signature		Print name	
Date		Relationship to patient:	