

PRIVATE GP

PRIVATE GENERAL PRACTICE SERVICES

Tel: 0116 2700373 || Fax: 0116 2701660 || Email: drpiper@privategp.com || Web: www.privategp.com
Address: 3 Knighton Grange Road, Stoneygate, Leicester, LE2 2LF

Registration Details

Date:

Personal details

Title First name Surname

Sex M F Date of Birth Occupation

Address

Postcode

Home Tel Mobile Tel

Work Tel Fax No

Email

Insurance Company BUPA AXA Other

Nationality Ethnicity

Marital Status Single Married Cohabiting Divorced Separated Widowed

Number of children Age of children

Next of Kin Contact No

Relationship

NHS GP Contact

Please complete the details below if you consent to your NHS GP being contacted if necessary by Private General Practice Services or a Specialist Consultant regarding any private treatment you have

Name of GP

GP address

Postcode

Terms and Conditions

Private General Practice Services (PGPS) provides private medical consultations, examinations, diagnostic test, occupational health services, nutritional advice, mental health advice and cosmetic treatments to registered clients.

The opening hours for these services are generally Monday to Thursday between 9.00am and 5.00pm; Friday 9.00am and 4.30pm. Out of hours cover is not routinely supplied by PGPS. Registration for private services does not affect your right for NHS treatment. Clients are strongly advised to remain registered with their NHS GP. PGPS undertakes to respect the full needs of their registered clients. They undertake to work within the limits of their abilities and to refer to specialist practitioners where deemed appropriate. Facilities are regularly reviewed and updated with equipment being calibrated and serviced on an annual basis. In return for the receipt of services, fees will be charged as noted in the Terms and Conditions contained in our 'Patients' Guide and as updated from time to time on our website at www.privategp.com. Fees must be settled immediately before leaving the premises by cash or credit card unless by prior arrangement.

This practice complies with the Data Protection Act and the General Data Protection Regulations 2018. Information concerning your health will be kept confidential. However, please be aware that information you give us may be recorded and may be shared in order to provide you with care. It may also be used to support local clinical audit and other work to monitor the quality or care provided, on an anonymous basis. If you have any questions about this, please don't hesitate to contact us. Our Patient Privacy Policy 2018 is available to read if you wish.

Please turn over for medical details

Medical Details

Past Medical History

Please list any serious illnesses, injuries or operations

Current Medication

Please list; include vitamins and supplements

Current Health

Please list any current health issues

Please list any allergies

Symptoms

Your Exercise Occasional 1-3 times a month Once a week Few times a week Daily

Smoking habits Never Ex-smoker Social smoker Regular smoker _____ per week/day

Do you drink alcohol? Yes No If yes, how many units per week? _____

Are your vaccinations up to date? Yes No

Date of last cervical smear (F) Date of last health check

Family History

Please tick if any of your immediate family have suffered from the following

Diabetes Heart Disease Epilepsy Hypertension Psychiatric Disorder

Aortic Aneurysm Nervous Disease High Cholesterol Depression Cancer

Do you require a chaperone to be present during examination / consultation Yes No

How did you hear about our practice?

Communications

It is our standard policy to contact you with your results via email or post, please tick this box if you do not wish us to do this.

Our newsletters and communications to you are linked to the services you visit us for in the first place, please tick this box if you would not like to receive updates and information about your latest services, tests and treatments.

You can unsubscribe from our mails at any time. Not opting in or unsubscribing will not affect the quality of service and care you receive from us.

Signature

Signature of patient or representative Date

Name of representative if applicable

By signing this form you are agreeing to the terms & conditions of PGPS as stated overleaf.