Baddow Hospital Patient Registration Form_Layout 1 15/04/2015 14:00 Page 1

Patient Registration Form

Please note: Prior to any treatment at Baddow Hospital, it is our policy to take details of your credit or debit card. These details will be encrypted and held on our system to use for any shortfalls, excesses or cost shares, these shortfalls will be taken automatically 24 hours after notification to you. In the event the Insurance company do not settle your account in full, you are deemed responsible for payment of this account. Data Protection Registration No: Z3640251

We would be grateful if you would complete this form prior to your appointment

Title: Mr /Mrs/ Miss/ Ms / Master / other:	Surname:
First Name:	D.O.B:
Address:	
	Postcode:
Telephone: Home	Work:
Mobile:	E-mail address:
Occupation:	
Ethnicity:	Religion:
GP Details:	Name:
Address:	
Next of Kin:	Name:
Surname:	Relationship:
Home Tel:	Work Tel:
Address:	
Referred by (if not GP):	

PRIVATE MEDICAL INSURANCE COVER: Please note: The settlement of accounts remains the resposibility of the patient and not any third party.

Name of company, level of cover, membership no etc:

SIGNATURE OF PATIENT/PARENT OR GUARDIAN:	Please use the space below for any other information that you think may be relevant, for example, allergies or illnesses.

How did you hear about us?: