



The Bridge Clinic

The Bridge Clinic, Oldfield Lodge, Bridge Road, Maidenhead, Berkshire, SL6 8DG.

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Registration Form

Patient's Surname: Other Names: Marital Status:

Occupation: Employer/Group:

Country of Origin: Date of Birth: Sex (Please Tick): Male Female

UK Address:

..... Postcode:

Telephone: Home: Work: Mobile:

Next of Kin: Name: Relationship:

Address:

.....

..... Postcode:

Telephone:

Referred by (GP/Consultant): Referred to:

GP Address:

Uninsured Patients

Method of Payment:

Insured Patients

Insured Patient's Insurance Company:

Pre-authorisation Number:

Membership Number:

Date Symptoms first Noticed: Date first Consulted GP:

Reason for GP Visit:

Data Protection Notice

The confidentiality of patient information is of paramount concern to The Bridge Clinic. To this end, The Bridge Clinic fully complies with Data Protection Legislation and Medical Confidentiality Guidelines.

Medical Information will be kept confidential. It will only be disclosed to those involved with your treatment or care, or to their agents, and, if applicable, to any person or organisation who may be responsible for meeting your treatment expenses, or their agents.

Anonymised or aggregated data may be used by or disclosed to others, for research or statistical purposes.

Access to non-medical information may be granted by The Bridge Clinic to others on a strictly confidential basis in the course of, and for the purpose of, the efficient administration of The Bridge Clinic (for example; in connection with audit, systems development, managing or improving our services) and for enabling products and services which The Bridge Clinic considers may be of interest to you to be brought to your attention.

Information may be disclosed to others with a view to preventing fraudulent or improper claims.

Terms and Conditions

- 1 The Bridge Clinic will provide outpatient care at the request of the medical practitioner who is supervising your treatment
- 2 Fees for services provided by Consultants, pathologists and radiologists etc are additional charges made by The Bridge Clinic
- 3 If you are insured it is advisable to check that your treatment is covered by your insurance company prior to attending The Bridge Clinic

Financial Agreement

- 1 I agree to pay for the services provided, and have received details of The Bridge Clinic's prices and terms of business
- 2 If a third party or insurer has agreed to pay my account, I agree to pay any balance outstanding if the third party or insurer does not pay the account in full
- 3 Insured Patients Only: I declare that my/the patient's general practitioner recommended the specialist treatment and that to the best of my knowledge and belief the information given on this form is true and complete. I authorise The Bridge Clinic to submit claims relating to my/the patient's treatment to my/the patient's insurer on my/the patient's behalf

Signature (Patient or Representative): Date: