P1

New patient registration and medical history form

Please complete all fields in BLOCK CAPITALS

You are required to complete this form on your first attendance at City Medical Ltd. The information you provide will be used solely to create your medical record, and to allow us to contact you in the unlikely event that your appointment needs to be cancelled or altered.

your personal details

Title ☐ Mr ☐ Miss ☐ Mrs ☐ Ms ☐ Other

Surname

First name

Date of birth

Home address

Postcode

Telephone

Mobile

Email

GP name

GP address

Postcode

I am not currently registered with a GP (please tick if applicable) ☐

employment details

Business name

Your job title

Business address

Postcode

Telephone

Business email

your preferred payment option

Tick as appropriate

On account (corporate customers only) ☐

cityGP plan ☐

PAYG ☐

method of payment

Tick as appropriate VISA ☐ MasterCard ☐

Name on card

Card number

Expiry Date

By completing these details, you authorise City Medical to take fees from your credit or debit card on the day of your appointment for the fee specified at the time of your consultation.

Signature

I confirm that I have read and understood the statement on page 4 of this form and that the information provided on this form is correct. I accept my responsibilities as the patient and agree to the payment of any charges in connection with this appointment or any subsequent consultations.

17 St Helens Place, London, EC3A 6DG
T 0845 123 5380
F 0845 123 5381
E citymedical@bmihealthcare.co.uk
W www.bmihealthcare.co.uk/citymedical

BMI City Medical

THE CONSULTANTS' CHOICE

P2

New patient registration and medical history form

nature of appointment

☐ Private GP ☐ Consultant ☐ Pre-employment ☐ Executive medical ☐ Health assessment

health information

Have you ever suffered from, or required medical attention, for any of the following:

	No	Yes	If yes, please give dates, treatment and duration
a) Paralysis, epilepsy, fits or giddiness	☐	☐	
b) Anxiety, depression or any other form of psychiatric disorder	☐	☐	
c) Asthma, bronchitis, pleurisy, tuberculosis or other lung infection	☐	☐	
d) Diabetes, gout or any other kidney or bladder complaint	☐	☐	
e) Chest pain, undue breathlessness on exertion, high blood pressure, palpitations, rheumatic fever, angina intermittent claudication, stroke or coronary thrombosis	☐	☐	
f) Disorder of the throat or glandular enlargement	☐	☐	
g) Abdominal pain or discomfort, gastric or duodenal ulcer, liver or bowel complaint	☐	☐	
h) Disorder of the skin, eyes or ears	☐	☐	
i) Rheumatism, arthritis, gout, disease of the joints or any form of back trouble	☐	☐	

Within the past 5 years, have you:	No	Yes	If yes, please state what, for how long and if you are still taking anything
Taken any drugs, pills or tablets or had any medical treatment in any other form?	☐	☐	

General questions	No	Yes	
Do you take regular exercise?	☐	☐	
Do you currently feel well?	☐	☐	
Do you smoke?	☐	☐	If yes, how many per day
Do you drink?	☐	☐	If yes, how many units per day
Do you have any current health concerns?	☐	☐	

P3

New patient registration and medical history form

family history

	If living, present age	State of health	If deceased, age at time of death	Cause of death
Father				
Mother				
Brothers				
Sisters				

Has any member of your family...	**No**	**Yes**	If yes, please give details
Suffered from diabetes, high blood pressure, mental disorder, heart disease, kidney trouble, cancer, bowel disease or stroke?	☐	☐	

female application only

	No	**Yes**	If yes, please give details
a) Have you had any gynaecological or obstetric problems?	☐	☐	
b) Are you currently pregnant?	☐	☐	If yes, please state EDD / /
c) Have you had a recent cervical smear?	☐	☐	If yes, what was the result
d) Are your menstrual periods regular?	☐	☐	

I declare that the information supplied is factual and complete

Signature | Date

Witness (Medical Examiner)

Signature | Name

P4

Terms and conditions

Please take a few minutes to read through the following information and to confirm, by signing at the bottom of the page, that you have read and understood the information. If you have any questions, please speak to a member of the reception team who will be happy to help.

1 City Medical subscribes to the standards set down under the Care Standards Act 2000 for independent health care.

2 During your visit to City Medical, we will gather selective personal and clinical information about you that may be held electronically. Please be assured that any information you provide to City Medical will be handled in accordance with the Data Protection Act 1998. We use this information to create a medical record for you and it may be used for statistical monitoring purposes. You are entitled to review this information at any time - please ask the reception team for our procedures if you would like to review your records.

3 Access to non-medical Information: BMI Healthcare and your insurers would like to keep you informed of products and services, which they consider, may be of interest to you. No medical information would be disclosed to others for this purpose and non-medical information would be disclosed on a strictly confidential basis. Should you not wish to recieve information about products and services from BMI Healthcare please indicate by ticking the box. ☐ For your insurer please write to the Data Protection Officer at your Insuers normal address.

4 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. Such people or organisations may wish to send details of your expenses to companies outside the European Union for processing. Your medical information may also be shared with others not involved in your treatment or care in the course of investigating or responding to any potential complaint or claim.

5 Unless you are a member of a corporate scheme or a holder of a valid **city**GP™ card, payment for services rendered by City Medical are due immediately following your appointment. If payment is not received within 14 days of your appointment, City Medical will charge the full amount plus an administration fee of 10% to the card as detailed on the front of this form. Accounts not settled within 28 days of the appointment will accrue interest on the outstanding balance at a rate of 1.5% per month.

6 If you are visiting City Medical as part of a company-funded scheme, we will be providing an invoice and financial statement to our designated point of contact at your company. This will identify the date of the appointment and may state your name but will not identify the nature of the appointment, nor will it contain any clinical information.

7 If you cannot attend your appointment, please contact reception on 0845 123 5380. There is no cancellation charge provided that you give at least 24 hours notice. If you have to cancel on the day of the appointment, City Medical will charge 50% of the appointment fee to cover the cost of the doctor. In the event of non-attendance where no notice has been given, the full appointment fee will be charged.

8 From time to time, we may need to contact you to arrange appointments, to discuss any results from the recent appointment or to provide follow up information. Please indicate which of the following methods you would prefer NOT to be used:

- ☐ telephone
- ☐ email
- ☐ mail to your work address
- ☐ mail to your home address

9 Quality and Regulation. Anonymising or aggregated data may be used by BMI and your insurer, or disclosed to others, for research statistical and/ or clinical governance purposes. Such annoymising and/ or aggregating would be undertaken either by BMI or by our agents.

10 Fraud and debt collection. Information may be disclosed to others, incuding debt collection agencies, with a view to recovering any unpaid debts or preventing fraudulent or improper claims.

Signature

Date