*Please write in* ***BLOCK CAPITALS****, all fields must be completed.*

**First Name:** **Surname:**

**Date of Birth:**

**Contact telephone number(s): or**

**Email:**

**Address:**

**Post Code:**

**Brief reason for visit:**

Please tick this box if you **do not** wish to be contacted by:

Text

Email

Telephone

How did you hear about us?

Search Engine Leaflets/flyers

Word of mouth

Social media

Other, please specify:

If you have ticked one or more box, please state your preferred method of contact:

We are a private medical practice. A 30-minute GP consultation costs £100. Medicals, tests, scans or investigations are not included within this. If you have any queries regarding prices, please do not hesitate to ask us.

By signing this form, you are agreeing to pay for any treatment you receive from us.

If you are under 18 you must be accompanied by a parent or guardian or someone who is over the age of 18.

Signed Print Name Date

*Accompanying adult (if applicable):*

Signed Print Name Date