

Wimbledon Private GP Clinic

39 Hartfield Road
Wimbledon
SW19 3SG
Tel: 020 8540 1009

Ridgway Mews
18A Ridgway
Wimbledon
SW19 4QN
Tel: 0208 8540 1009

Name & Title: _____ D.O.B. _____

Additional family Members: _____ D.O.B. _____

_____ D.O.B. _____

_____ D.O.B. _____

_____ D.O.B. _____

_____ D.O.B. _____

Address: _____

_____ Postcode: _____

Telephone Home: _____ Mobile: _____

Work: _____ Email: _____

NHS GP Details. Name: _____ Address: _____

Emergency Contact Details: _____

- I understand that I am expected to pay for my treatment at the time of the appointment and that if I do not pay an 8% surcharge will be applied immediately and then each month until I do pay the invoice.
- I understand that I am responsible for the settlement of all charges made by Wimbledon Private GP Clinic in connection with my investigations and treatment. I will be given a receipt for all amounts paid and I can use these to reclaim from my insurance company if appropriate.
- I understand that all patient data is held in accordance with the Data Protection Act 1998. If I require access to my files I must make a request in writing. I understand that this may incur a charge.
- I consent for relevant medical information to be passed to my General Practitioner and for my GP to be contacted regarding my health if necessary.
- I understand and accept that the GP partners have a financial interest in Wimbledon Private GP Clinic.
- I have read the above terms and conditions and accept them.
- I am happy to be contacted by Wimbledon Private GP Clinic with information and news about new services.

Print Name: _____ Signature: _____

(Parent or guardian if patient under 18)

Date: _____

Where did you hear about Wimbledon Private GP Clinic?

(Please circle as appropriate)

Internet

SW Magazine

Time and Leisure

Flyer

Word of Mouth

Other, please specify: _____