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### REGISTRATION FORM

**Patient details:**

Name: ..... Mr/Mrs/Ms/Dr/Other

Date of Birth: .....

Address: .....

..... Postcode:.....

Contact number: .....

E-mail: .....

GP name/surgery address: .....

In case of emergency - named contact: .....

Relationship to the patient: ..... Telephone number:.....

How did you hear about us?.....

**Data Protection agreement:** We take security of your data very seriously. To ensure we protect you and comply with the law please tick the 3 boxes below otherwise we are unable to treat you!

- The creating and storing medical records concerning my treatment, which may include details concerning my medication, treatment and other issues affecting my health conditions, in accordance with the General Data Protection Regulation (GDPR) 2018.
- I understand that these records will be retained for eight years, (or until I reach 25 in the case of someone aged 16 - 18), when treatment ceases in order to comply with legal guidelines.
- I understand that these records will be processed in accordance with your *Privacy Notice* - a copy of which I have seen. The notice can be viewed on the base of this clipboard, our websites or in the 'patient information pack' in the waiting area.

**We are required by law to obtain permission to contact you.** It would be really helpful if you would agree to ALL of the following. None of these options are for marketing purposes.

- TELEPHONE** - in case we need to discuss your treatment or diagnosis with you.
- TEXT MESSAGE**- to send you appointment confirmation/reminders, or if some one cancels we can let you know a space has become available.
- EMAIL** - to send you appointment information.
- POST** - in case we need to post you a medical letter.

**OTHER-** If appropriate, do you consent to us contacting other health care professionals involved in your care? Please tick applicable box:

Yes                       No                       I would like to discuss it with you first

**FYI:** We are required by law to encrypt our emails if they contain any information about your care. To open emails you will need to create a free Egress account [www.egress.com](http://www.egress.com). Apologies for any inconvenience this may cause, it isn't us, it is the law!

**PLEASE TURN OVER**

