

Pre-admission form

Date of admission Time :

To ensure a quick admission, please complete all your details and return this form to us using the pre-paid envelope provided.

Title: Mr Mrs Miss Ms Other: _____

Surname: _____

Forenames: _____

Address: _____

Country: _____ Postcode: _____

Daytime Telephone: _____ Home Telephone: _____

Date of birth: Sex: _____

Status: _____

Nationality: _____

Religion: _____

Medical insurance

Name of insurance company: _____

Insurance registration number: _____

Please state the plan or scheme: _____

Scale of cover: _____

If insured through a Group, please state the Group: _____

Please note: you should bring a completed claim form and pre-authorisation number/claim number with you when you are admitted. These forms are available on request from your medical insurer.

Next of kin: _____

Address: _____

Country: _____ Postcode: _____

Daytime Telephone: _____ Home Telephone: _____

Relationship to you: _____

Name of your GP: _____

GP address: _____

Country: _____ Postcode: _____

GP Telephone: _____

Name of admitting Consultant: _____

Consultant: _____

Have you visited us before? Yes (please give approximate date) No

Dietary requirements

Please indicate here if you require a special diet.

- Vegetarian
- Therapeutic (diabetic, salt-free diets etc.)
- Kosher
- Children's menu
- Other

Settlement of Your Account

Please tick the way you plan to settle your account

- Own account/self pay (please note: we do not accept personal cheques)
- Medical insurance (please complete section overleaf)
- Sponsored account (please complete section below)

Sponsored Information

Please note: you should check with the Clinic prior to admission to ensure that your sponsor is accepted by the Clinic

Name of your Sponsor: _____

Address: _____

Country: _____ Postcode: _____

Telephone: _____

Please note: all patients are requested to provide their credit card details on admission as a guarantee for any personal items

Signature: _____ Date:

Data Protection Act 1998: Confidentiality
The confidentiality of patient information is of paramount concern to The London Clinic. To this end The London Clinic will comply with data protection legislation and medical confidentiality guidelines. Everyone working for or on behalf of The London Clinic has a legal duty to keep any clinical information confidential.