



# MOORE MEDICAL PRACTICE

272 Kings Road  
London SW3 5AW  
[www.mooremedicalpractice.co.uk](http://www.mooremedicalpractice.co.uk)

Tel: 020 7349 1490  
Fax: 020 7349 1491  
[info@mooremedicalpractice.co.uk](mailto:info@mooremedicalpractice.co.uk)

## REGISTRATION FORM

Please use **BLOCK CAPITALS** when completing.

Patient's title- .....Patient's Full Name: .....

Date of Birth .....

Main Address

Alternative Billing Address

.....  
.....  
.....

Mobile Number:- ..... Home Tel: - .....

Office Tel: - ..... Home Fax: - .....

If you are happy for the practice to **email** you results of tests, medical reports, letters from consultants invoices etc *Please tick the appropriate box*       Yes       No

Private Email: - .....

NHS GP: Name: - .....Tel: - .....Address: - .....

I would/would not like you to write to my NHS GP after each consultation. *(Please delete as appropriate)*

I am happy / unhappy to be examined without a chaperone *(Please delete as appropriate)*.

Due to the practice having a small number of staff, we are unable to provide chaperones during examinations.

If you do require one, please bring your own chaperone.

Married/Single (please circle)

Children's Names: (if applicable) **please add name of Parent/Guardian**

Please complete a separate form for each child if they are registering with this practice.


Please specify how you heard about the practice .....

**FEES POLICY:** Please note that fees should be paid directly to the Practice and NOT through an insurance company.  
If you need a receipt for insurance, please ask for this at the time you settle your bill.  
Fees are usually payable at the time of the consultation. Telephone payments by credit card (but not American Express) are also accepted. Cheques are payable to **MOORE MEDICAL PRACTICE**.  
A cancellation charge of 50% of the fee will be levied if less than 4 hour's notice is given  
Please note that fees must be settled within 14 days from the date of the consultation.

Your signature is your agreement to the terms and conditions of the Practice

Signature: - ..... (Parent to sign for children under 16) Date: - .....

Copies of the Practice Information leaflet are available at the practice and on the website.