Patient Registration Form

Name: ____
FIRST MIDDLE SURNAME

Marital Status: ______________________ **DOB:** ______ / ______ / _________ **Nationality:** ______________________________
dd mm yyyy

Address: ____

____

Mobile: ____

Email Address: **IMPORTANT** please write clearly to ensure you receive your emails

please provide the email address on which we can email your results to

Emergency Contact: **Name:** ____
FIRST MIDDLE SURNAME

MOBILE: ____ **RELATIONSHIP:** __________________________________

PATIENT AGREEMENT

I will provide to the healthcare provider, to the best of my knowledge, accurate and complete information about my personal details, present complaints, past illnesses, hospitalisation, medications and any other matter relating to my health. I authorise the New Concept Clinic doctors and medical personnel to administer and perform medical examinations, investigations and treatments during the course of my care and to release information required to process such claims.

I understand that I am financially responsible for any balance.

____ ___________/________/________

Patient/Guardian Signature **DATE: dd mm yyyy**
(State Relationship)

Consent Agreement to email results

Lab & Test Results: By signing this agreement you agree to receive your lab and test results by email. If your results are of an urgent nature we will contact you by phone or other means specified by you. If you have not received your lab or test results in a reasonable amount of time please call or send a message.

I understand that Dr Elsa New Concept Clinic does not and cannot guarantee the confidentiality of any email communications. I understand that Dr Elsa New Concept Clinic has no control over the security or management of my individual email service provider and cannot guarantee that information will not be intercepted, altered, or read by an unintended recipient.

____ ___________/________/________

Patient/Guardian Signature **DATE: dd mm yyyy**
(State Relationship)

***** WE DO NOT PROVIDE DIRECT BILLING WITH ANY INSURANCE COMPANIES *****