**Registration form for New patients: Telephone (or Video) Consultations**

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| --- | --- |
| Full Name:  Title (Mr/Mrs/Miss etc)  First Name  Surname |  |
| Date of Birth |  |
| Your Address |  |
| Your email address |  |
| Your mobile or contact telephone number |  |
| Your GP-name AND address of GP practice |  |
| Self-funding or Insured? | **Self-Funding ? *(Delete if does not apply)***  **Insured ? *(Delete if does not apply)*** |
| If Insured:  Provide full details | Name of Insurance Company :  Membership number :  Authorisation or Claim Number : |
| Agreement: | I have read the Information on www.hormoneconsultant.com with regard to “Fees and Charges” for telephone or non face-to-face consultations and accept responsibility for these charges (or have obtained authorisation from my insurer for these charges)  Signed:  If unable to sign and scan this form, type your name below as acceptance of the above terms  ………………………………….. |