

**PATIENT REGISTRATION FORM - SECONDARY HEALTHCARE ADMINISTRATION**

**Information Required**

The following information is required from British service personnel, entitled civilian personnel and any entitled member of their families undergoing medical treatment.

Please check the patient information below and, if any is missing or any details are incorrect, please provide up to date information in capital letters in the blank column.

Surname		
First Name		
Date of Birth		
Service Number		
Patient is Head of Household	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Medical Centre		
Unit		
Rank		
Patient Telephone Number		

**Data Protection & Confidentiality**

All staff have a duty to record and share your personal information in accordance with the Data Protection Act 2018 and the Common Law Duty of Confidentiality. In the interests of safe and effective care, information is shared **in confidence** with other individuals, e.g. Patient Support Officers, and organisations involved in your healthcare. **By providing this information, you consent to it being used as described.**

In addition to the information you provide above we will hold a record of your referral and clinical appointments which will be updated by the healthcare professionals who provide treatment to you. We will make your Medical Centre aware of your secondary care (hospital) treatment so that your GP is kept informed.

Further information about how Guy's & St Thomas' NHS Foundation Trust looks after your personal information is available in our Privacy Statement on [www.patient-wise.de/Privacy](http://www.patient-wise.de/Privacy).

**I have read and understood the above information.**

Name (in capital letters) .....

Signature ..... Date .....

Relationship to patient (if applicable) .....



