

Registration Form

It not essential to complete this form but it would help us to have up to date contact information and to know your preferences for the type of correspondence that you wish to receive from us.

Personal Details:

Name:		
Address:		
		Postcode:
Telephone:	Landline:	Mobile:
Email Address:		

General Practitioner Details:

Name:	
Address:	
Postcode:	
Telephone:	

Insurance Details:

Provider:	
Address:	
Postcode:	
Telephone:	Registration Number:

Do you agree to the ERP contacting you by email to discuss your condition, results or progress?

Yes

No

Do you agree to the ERP contacting you by mobile or landline to discuss you condition, results or progress?

Yes

No

Please note: we would not routinely leave messages on any answering service other than to request you to contact us. Also, it is not our practise to copy letters to GPs to the relevant patient. We are aware that some patients may prefer this and we are happy to do so by individual arrangement.