Street Medical Practice

Private GP Services

Registration and Data Protection Consent Form

| This form is for new and current pa | tients to ensure that the information we hold is accurate and up to date |
|---|--|
| Name | Date of Birth/ |
| | ddress |
| Post Code | |
| f under 16 years , name of a parent | t or guardian |
| Please indicate by which methods y appropriate. | ou are happy for us to communicate with you and provide details wher |
| Home phone | Mobile |
| Work phone | |
| Email | |
| Post using home address as | above |
| Post alternate address | |
| revious medical and surgical histo | ry |
| 1 | 4 |
| 2. | 5 |
| 3 | 6 |
| amily medical history | |
| ather | Siblings |
| | |
| Mother | |
| | |
| | |
| Allergies to medication Dr Deborah M Street MBChB | |
| GMC 4667843 | Please turn over |

| Please indicate if you have any family history of cancer ; epilepsy; heart disease Are your immunisations up to date? Yes / No / don't know Female patients: Date of your last cervical smear test? Do you smoke? Yes / No Alcohol – number of units consumed per week? | | |
|--|--|--|
| Cost of Services Our standard 30-minute consultation is £150. Longer consultations up to 1 hour are or electronic copies of all our prices for consultations, medicals, vaccines and other services is available or visit www.drdebbiestreet.co.uk . If any laboratory tests are identified as required during the consultation Doctor will explain the requirement and associated costs. | le on reques | |
| Do you have an NHS GP: Yes / No Would you like us to share details of your consultation, any treatments or significant changes in your he your NHS GP? | ealth, with | |
| Yes Yes, but only when specified by me Never | | |
| Name of NHS GP:Address | | |
| Street Medical Practice – Data Protection Information and Consent | | |
| Street Medical Practice uses your personal data for a number of different reasons. Personal data is any information that identifies you or, in some cases, information that is about you such as an opinion. It incluyour name, email address, postal address, job role, photographs and more sensitive types of information such as medical and health records, your care plan, information about your religious beliefs, origin and rad and your sexual orientation. | 1 | |
| We comply with the law in place in the UK around data protection when we use your personal data, which known as "GDPR" (short for the General Data Protection Regulation). It allows us to use your personal for a number of reasons without checking with you that it is ok for us to do so. For example, where we show that we have legitimate reasons to use your personal data or where we need to use your personal to provide you with the services you have requested from us, or to meet a legal obligation placed on us. If more detail on how and why we use your data please refer to the Fair Data Processing Notice on our visite or request a paper copy. This includes detail on with whom and how we share your data with third parties, for example your consultant, the laboratory or the CQC. | l data can al data For web | |
| Faxing or emailing prescriptions to pharmacies may at times ensure that you receive your medications promptly. Please indicate whether or not you require and consent to this. Yes No | | |
| What happens next? If you are unsure about why we are processing your personal data for the reasons set out above, or what doing with it, please ask your who would be happy to provide more information. Please do not sign this until you are happy that you understand its content. | we are | |
| If you give Street Medical Practice consent to use your personal data in the ways explained above, you carequest them to stop using your personal data in this way at any time by speaking to Dr Deborah Street emailing us at appointments@drdebbiestreet.co.uk, writing to us at 2 Lower Sloane Street London, SW1V or phoning us on 02039650556. | et or by | |
| | | |
| Signature of Patient or parent or guardian if patient under 16 years Date | | |
| For office use only Patient Form of identification | | |
| Parent or guardian if patient under 16 years old Form of identification | | |
| Signed Date | | |