



Telephone 01777 948384

Email: [dialatripltd@gmail.com](mailto:dialatripltd@gmail.com)

NEW CLIENT REGISTRATION FORM

TITLE.....SURNAME..... First Name.....

ADDRESS.....

POST CODE ..... TELEPHONE NO .....

DATE OF BIRTH..... GENDER (inc GLBT) .....

E.MAIL .....

WHICH SURGERY AND DOCTOR ARE YOU REGISTERED WITH? .....

Dr. ....

EMERGENCY CONTACT DETAILS

NAME ..... RELATIONSHIP .....

ADDRESS .....

..... TELEPHONE NO.....

Do You Have a Blue Badge YES/NO

Please mark your ETHNICITY

Have you served or are you serving in the FORCES? YES/NO

Do you Smoke YES/NO

- White British
White Irish
White Gypsy or Irish Traveller
White Other
Mixed White and Black Caribbean
Mixed White and Black African
Mixed White and Asian
Mixed Other
Asian Indian
Asian Pakistani
Asian Bangladeshi
Asian Chinese
Asian Other
Black African
Black Caribbean
Black Other
Arab
Other

MEDICAL INFORMATION

NHS NO (found on Prescription doc) .....

Please Tick any of the boxes that are relevant to you

- Difficulty walking
Use a walking aid
Visually impaired
Hearing impaired
Memory issues

We are not always able to transport a wheelchair call the office for further details.

Allergic reaction to things – do you carry an Epi Pen?

I am happy for Dial a Trip Ltd to hold the above information on a password protected spreadsheet and digital booking system for one year or until renewal unless I leave the scheme before that time. It will then be destroyed and deleted. This must be signed under GDPR May 2018

Signed ..... Date .....

How did you hear about us: Doctors /word of mouth /Advertising /online /chat page (PLEASE CIRCLE)

Payment enclosed YES/ NO. Cheque / postal order / cash/ (PLEASE CIRCLE)

Bank Transfer

Bank details: Unity Trust Bank: sort code 60-83-01 A/C no: 20156439 your name as reference

Single person £15.00 Couple (living at the same address) £20.00

THE ORCHARD, BECKLAND HILL, EAST MARKHAM, NEWARK NOTTINGHAMSHIRE NG22 0QP

Company Registration NO: 4581655