Registration Form:

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|  | Dr Wolfgang Muller Private Paediatric Medical Services | | |
| Clementine Churchill Hospital  Sudbury Hill Harrow Middlesex HA1 2RX  Tel: 020 8872 3838 | | St John & St Elizabeth Hospital  60 Grove End Road St. John’s Wood London NW8 9NH  Tel 020 70783831  [paediatrics@hje.org.uk](mailto:paediatrics@hje.org.uk) | Chase Lodge Hospital Page Street Chase Lodge W1W 5AH  Tel 020 75804400  [info@chaselodgehospital.com](mailto:info@chaselodgehospital.com) | Northwick Park Hospital Trust Plus Suite Watford Road, Harrow Middlesex HA1 3UJ  Tel: 020 8869 3112  [pa@drwmuller.com](mailto:pa@drwmuller.com) | |

Registration Form

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| Client Details: |  | GP Details: |  |
| Title: |  | Title: |  |
| First Name: |  | GP name: |  |
| Surname: |  | GP address 1: |  |
| Gender: |  | GP address 2: |  |
| Date of birth: |  | GP Post code: |  |

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| If > 18 y address only |  | Payment Details: |  |
| Name (Parent/Carer): |  |  |  |
| Address 1: |  |  |  |
| Address 2: |  | Insurance/Self pay |  |
| Postcode: |  | Insurance company name: |  |
| Country: | UK | Policy number: |  |
| Landline: |  | Preauthorisation number: |  |
| Mobile 1: |  | Credit/Debit Card: |  |
| Mobile 2: |  |  |  |
| Email: |  |  |  |

I hereby consent to have the ultimate responsibility to cover the fees in relation to the consultation with Dr Muller. I understand that the fee for the consultation does not cover additional tests, fees occurred by other specialists involved or Hospital fees. I am aware that I can access the fees for the consultation with Dr Muller on his website [www.drwmuller.com](http://www.drwmuller.com) via the link “Information – Fees”. Please note that different fees apply for out of hours and weekends. A cancellation fee of £50 will apply to all out of hours and weekend appointments.

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| Signature: |  | Date: |  |
| Printed name: |  |  |  |