

**Client Registration & Update Form**

1. **Title:** Mr / Mstr / Mrs / Miss / Ms / Dr / Other: \_\_\_\_\_
2. **Full Name:** \_\_\_\_\_
3. **Date of Birth:** \_\_\_\_\_
4. **Home Telephone Number:** \_\_\_\_\_
5. **Mobile Telephone Number:** \_\_\_\_\_
6. **Email Address:** \_\_\_\_\_
7. **Address:**
  - a. House Number/Name & Road: \_\_\_\_\_
  - b. Second Line (if needed): \_\_\_\_\_
  - c. Town: \_\_\_\_\_
  - d. County: \_\_\_\_\_
  - e. Post Code: \_\_\_\_\_
8. **GP Surgery and/or Consultant Name:** \_\_\_\_\_
9. **How did you find out about us?** *(Please tick one from the list below)*

Been Before [ ] / Online Search [ ] / Insurance Company [ ] / Practice Sign [ ]  
Consultant Referral [ ] / GP Referral [ ] / Word of Mouth [ ] / Work Account [ ]  
Other: \_\_\_\_\_
10. **Funding of Treatment:**
  - a. Self Funding [ ]
  - b. Insurance [ ] *(please complete information below)*
  - c. Insurance Company: \_\_\_\_\_
  - d. Membership Number: \_\_\_\_\_
  - e. Authorisation Number: \_\_\_\_\_
  - f. Number of Sessions Authorised: \_\_\_\_\_

Form continues on the next page ...

*Please indicate your understanding and acceptance of these details and conditions below*

[ ] I understand and agree with the Terms & Conditions & Appointment Management and Cancellation Policy.

Please sign below to show that you agree and understand the above.

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Date Completed.

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*The details within this form are for the sole use of The Physiotherapy Centre (Waterlooville) Ltd, and will not be shared with third parties, unless legally required or at the request of the client.*