



## Registration Form

Chase Podiatry & Chiropody LTD, 10 Mill Street, Cannock, WS11 0DL

Welcome to Chase Podiatry & Chiropody, you will shortly be seen by one of our specialised podiatry staff. As this is your first visit to us, we would like to ask you a few details about yourself, in order to provide the best treatment possible.

### Patient Details

☐ Mr ☐ Mrs ☐ Miss ☐ Ms

Date of Birth

☐ Male ☐ Female ☐ Other

Home Address

Please complete in **BLOCK CAPITALS** and tick ☒ as appropriate

Surname

First names

Postcode

Home Phone

Mobile Phone

Work Phone

Contact EMail

Emergency Contact

Emergency Phone

GP's Name

GP's Surgery

### Data Protection

Chase Podiatry & Chiropody are required to collect personal information to allow us to provide medical treatment and advice. This information is stored electronically on our secure patient records system in accordance with the General Data Protection Regulation (GDPR), and we take your privacy very seriously. Access is restricted to Chase Podiatry & Chiropody staff over encrypted connections, however at times it may be necessary to share this information with third parties.

A full copy of our Data Protection & Retention Policy is contained within our Privacy Policy, and is available upon request, or online at <https://www.chase-podiatry.co.uk/data-protection/>

I accept that my data will be held securely by Chase Podiatry & Chiropody ☐

We may from time to time need to contact you. Please select the methods you would prefer:

Phone ☐ Yes ☐ No SMS ☐ Yes ☐ No Email ☐ Yes ☐ No

As part of our ongoing improvements, please indicate where you heard about us:

☐ Patient ☐ Employee ☐ Passing Trade ☐ Internet ☐ Other

### Authorisation

I confirm to the best of my knowledge that the information provided is correct.

☐ Signature of patient ☐ Signature on behalf of patient

Date

Staff use only

PID

Date

Initial

Signed

Chase Podiatry & Chiropody LTD is a registered business: 05871902