**REGISTRATION FORM**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **PERSONAL DETAILS**

|  |  |
| --- | --- |
| **FIRST NAME** |  |
| **MIDDLE NAME** |  |
| **LAST NAME** |  |
| **NATIONALITY** |  |
| **PASSPORT/ ID NUMBER** |  |
| **GENDER** |  |
| **DATE OF BIRTH** | **GENDER M F** |
| **OCCUPATION** |  |

1. **PERSONAL & EMERGENCY CONTACT DETAILS**

|  |  |
| --- | --- |
| **RESIDENTIAL ADDRESS** |  |
| **POSTAL ADDRESS** |  |
| **MOBILE TEL NUMBER** |  |
| **HOME TEL NUMBER** |  |
| **EMAIL ADDRESS** |  |
| **EMERGENCY CONTACT** |  |
| **RELATIONSHIP** |  |
| **MOBILE TEL NUMBER** |  |
| **EMAIL ADDRESS** |  |
| **FAMILY DOCTOR** |  |
| **SPECIALIZATION** |  |
| **WORK TEL NUMBER** |  |
| **EMAIL ADDRESS** |  |

The above-named individual, do hereby state, declare and confirm to Neomed Institute (The “Clinic’’) that all the information and details provide to you by me are true, full, accurate and complete; and

I consent for the provision of services and/or treatment to me by “the Clinic”; and

I undertake to pay in full all fees and expenses of the Clinic arising from or in relation to the services and/or treatment the Clinic to me; and

I agree and undertake to keep fully private and confidential any and all information about the Clinic, its patients, services, treatments, methods, staff, personnel, associates and affiliates and not to photograph, video or cord, stream or post in any way electronically or otherwise from the Clinic rooms, hallways, staff, patients, equipment unless written consent is given by the Doctor or the Clinic’s staff;

I discharge fully the Clinic from any liability whatsoever; provided that such liability does not arise out of gross negligence or wilful misconduct.

 I consent to Neomed Institute and Neomed Medical Center collect and process my personal data.

This form collects your personal and medical data so that we can add to your medical file. Your data will be processed according to our privacy policy. Check out our privacy policy [here](https://www.neomedinstitute.com/privacy-policy) for the full story on how we process, manage and protect your personal data.

[Sgn] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID/Passport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_