



# The Bridge Clinic

The Bridge Clinic, 156-160 Bridge Road, Maidenhead, Berkshire, SL6 8DG.  
Telephone: 01628 760900 Facsimile: 01628 760909  
email: admin@bridge-clinic.com www.bridge-clinic.com

## Immigration Medical Registration Form

Patient's Surname: ..... Other Names: ..... Marital Status: .....

Occupation: ..... Employer/Group/School: .....

Country of Origin: ..... Date of Birth: ..... Sex (Please Tick):  Male  Female

UK Address: .....

..... Postcode: .....

Telephone: Home: ..... Work: ..... Mobile: .....

Next of Kin/Primary Carer: Name: ..... Relationship: .....

Address: .....

.....

..... Postcode: .....

Telephone: .....

GP: Name .....

(By disclosing this information you permit us to contact your GP, if necessary, for purposes of your medical)

Address: .....

.....

.....

.....

..... Postcode: .....

### Credit Card Details:

Name on card: .....

Type of Card:  Visa  Mastercard  Visa Delta  Switch

Card Number: ..... Issue Number: .....

Valid From: ..... Expiry Date: ..... Security Code: .....

Please read terms and conditions and sign overleaf

# Data Protection Notice

The confidentiality of patient information is of paramount concern to The Bridge Clinic. To this end, The Bridge Clinic fully complies with Data Protection Legislation and Medical Confidentiality Guidelines. Medical Information will be kept confidential. It will only be disclosed to those involved with your medical, or their agents and if applicable, to any person or organisation who may be responsible for meeting your treatment expenses, or their agents. Anonymised or aggregated data may be disclosed to others for research or statistical purposes. Access to non-medical information may be granted by The Bridge Clinic to others on a strictly confidential basis in the course of, and for the purpose of, the efficient administration of The Bridge Clinic (for example; in connection with audit, systems development, managing or improving our services) and for enabling products and services which The Bridge Clinic considers may be of interest to you to be bought your attention. Information may be disclosed to others with a view to preventing fraudulent or improper claims.

# Terms and Conditions

The Bridge Clinic will provide outpatient care at the request of the panel doctor supervising your medical, in accordance with the criteria set out by the relevant High Commission. To ensure the integrity of your medical examination, a thorough identity check will be carried out in line with the requirements of your visiting country. Please note a valid passport is usually required. If any reason you are unable to provide a passport, please telephone our Immigration Department to discuss this matter in more detail. Failure to provide appropriate identity documents at the time of your appointment may result in the clinic being unable to proceed with your medical examination.

# Financial Agreement

- 1 We will require your credit card details at the time of booking. By giving us your credit card details you are granting us permission to deduct any charges associated with your medical, including our cancellation fee, from your credit card.
- 2 Should you wish to cancel your medical or your radiological examination we will require 48 hours notice. If this notice period is not adhered to then a charge of £55 per person per appointment will deducted from your credit card.
- 3 Often additional tests are required. Should you require additional tests as a result of the initial medical examination, these will be charged additionally to your credit card.
- 4 Please note that by signing this form you grant The Bridge Clinic permission to store your credit card details on their confidential database for future transactions.
- 5 We will endeavour to process your medical in a timely manner however specific timeframes cannot be guaranteed.

# Declaration

I understand that additional tests and investigations may be required as a result of the medical examination as requested by the Panel Doctor in accordance with the requirements of the High Commission. I understand that these tests will be invoiced to me additionally and debited from my credit/debit card. I understand that if I cancel my medical or radiological examination without giving 48 hours notice The Bridge Clinic will deduct a cancellation fee of £55 per person from my credit/debit card.

I also grant The Bridge Clinic permission to deduct from my credit/debit card payment for medicals (including cancellation fees incurred) for the following individuals:

.....  
.....

Signature (Patient or Representative): ..... Date: .....