

Pre-admission form

the London clinic 

Date of admission Time

To ensure a quick admission, please complete all your details and return this form to us using the pre-paid envelope provided.

Title: Mr Mrs Miss Ms Other: _____

Surname: _____

Forenames: _____

Address: _____

Country: _____ Postcode: _____

Daytime Telephone: _____ Home Telephone: _____

Date of birth: Sex: _____

Status: _____

Nationality: _____

Religion: _____

Medical insurance

Name of insurance company: _____

Insurance registration number: _____

Please state the plan or scheme: _____

Scale of cover: _____

If insured through a Group, please state the Group: _____

Please note: you should bring a completed claim form and pre-authorisation number/claim number with you when you are admitted. These forms are available on request from your medical insurer.

