

New Patient Private Registration Form

Thank you for choosing to register with Ivy Dental on our private membership plan. Please complete the following registration questions or alternatively you can join online through our join us button on the website. All information provided will enable us to deliver the most relevant and appropriate signposting to meet your needs. If you are unsure about any of the information on this form, please speak to a member of staff. All information provided is held in strictest confidence, regardless of whether it is electronic or on paper. We take all reasonable precautions to prevent unauthorised access to your records however they are stored. Any information that may identify you is only shared with the practice team, or, if you are referred to hospital, to the clinician who will be treating you.

Title: Mr/Miss/Mrs/Ms/Mx/Master/Dr (Please Circle)

First Name(s): _____

Surname: _____

Date of Birth: _____

Address: _____

Postcode: _____

Home Telephone: _____

Mobile Telephone: _____

Email Address: _____

Which of the following best describes how you think of yourself:

Man (including trans men)

Woman (including trans women)

Non-Binary

In another way (please state): _____

Is your gender the same as you were assigned at birth?

Yes

No

What is your ethnicity (please state): _____

Is English your first language?

Yes

No

Do you require an interpreter?

Yes

No

Which of the following best describes how you think of yourself:

Heterosexual/Straight

Lesbian/Gay

Bisexual

In another way (please state): _____

Additional Family members to register (Must be under 18 years old and have the same address/contact details; for additional adult registrations, or where there is a difference in what communications you consent to receive, please use separate form):

Title	First Name	Surname	Date of Birth

How we will use your contact details

The practice has facilities to provide email and text message communications. It is important that we inform you how the data you provide will be used. If you provide your email address and/or mobile telephone number, an assumption will be made that you are happy to receive appointment reminder communications by these methods.

For those with no email or mobile number, we will try to telephone to remind about appointments. Please let us know if you prefer not to receive reminder calls.

For more detailed information about the data we hold, please see the practice privacy notice which is available at reception.