

Mr. Raef Faris Msc. FRCOG

Consultant Gynaecologist
Chelsea Bridge Rd,
Chelsea
London
SW1W 8RH

Honorary Consultant Gynaecologist
Imperial College Healthcare
St Mary's Hospital
Praed St
London W2 1NY

For administrative use only.

Hospital No:

Registration date:

PATIENT REGISTRATION FORM

Title.....First Name.....	Ethnic Origin..... <i>Please see Guide to Ethnic Group Codes on page 2</i>
Surname.....	NHS No (UK residents).....
Name at Birth (If different).....	Passport No (UK/Overseas res).....
Date of Birth.....	Nationality.....
Occupation.....	Telephone (home).....
Town or District of Birth.....	Telephone (work).....
Country of Birth.....	Mobile.....
Primary Language.....	

** Please include full country / area dialling code for telephone numbers*

Address.....

Town/City.....Postcode.....

Country.....Email.....

Alternative Address.....

Town/City.....Postcode.....

Country.....Email.....

Address for Correspondence

The Lister Hospital, Chelsea Bridge Rd, Chelsea, SW1W 8RH
Tel (Switchboard) +(44) 02077307733
Secretary +(44) 02078814038
Appointments +(44) 02077308298
Fax +(44) 02072599039
E-mail raeffaris@lfclinic.com

Mr. Raef Faris Msc. FRCOG

Consultant Gynaecologist
Chelsea Bridge Rd,
Chelsea
London
SW1W 8RH

Honorary Consultant Gynaecologist
Imperial College Healthcare
St Mary’s Hospital
Praed St
London W2 1NY

- Who referred you to the Lister? Consultant
- GP
- Self-referral

CONSULTANT

Title.....First Name.....Surname.....

Address.....

Town/City.....Postcode.....

Country.....Speciality.....

TelephoneFax.....

<p>PATIENT’S GP</p> <p>Title.....First Name.....</p> <p>Surname.....</p> <p>Address.....</p> <p>.....</p>	<p>Town/City.....</p> <p>Postcode.....</p> <p>Telephone.....</p> <p>Fax.....</p>
------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------

DECLARATION

I undertake to pay The Lister Hospital for all services rendered and items supplied in accordance with current rates of charges, in addition to any fees payable to Mr Faris. If I have medical insurance, I understand that I am responsible for any services rendered etc. that are not covered or not fully covered by my insurer.

Signature of female patientDate.....

Address for Correspondence
The Lister Hospital, Chelsea Bridge Rd, Chelsea, SW1W 8RH
Tel (Switchboard) +(44) 02077307733
Secretary +(44) 02078814038
Appointments +(44) 02077308298
Fax +(44) 02072599039
E-mail raeffaris@lflclinic.com

Mr. Raef Faris Msc. FRCOG

Consultant Gynaecologist
Chelsea Bridge Rd,
Chelsea
London
SW1W 8RH

Honorary Consultant Gynaecologist
Imperial College Healthcare
St Mary's Hospital
Praed St
London W2 1NY

GUIDE TO ETHNIC GROUP CODES

WHITE		MIXED		ASIAN OR ASIAN BRITISH	
A	White British	D	White & Black Caribbean	H	Indian
B	White Irish	E	White & Black African	J	Pakistani K Bangladeshi
C	Any other White Background	F	White & Asian	L	Any other Asian background
CF	Greek	G	Any other mixed background		
CG	Greek Cypriot				OTHER ETHNIC GROUPS
CH	Turkish		BLACK OR BLACK BRITISH	R	Chinese
CI	Italian, Portuguese or Spanish	M	Black Caribbean	S	Any other ethnicity
CJ	Turkish Cypriot	N	Black African	SA	Africa – colour not defined
CN	Jewish	P	Other Black background	SB	Middle Eastern
CY	Other White European	PA	Somali	SC	Arab
		PE	Black British	SD	Vietnamese
				Z	Not specified

Address for Correspondence

The Lister Hospital, Chelsea Bridge Rd, Chelsea, SW1W 8RH
Tel (Switchboard) +(44) 02077307733
Secretary +(44) 02078814038
Appointments +(44) 02077308298
Fax +(44) 02072599039
E-mail raeffaris@lfclinic.com