

## Medical consultation form

**Patient's Name:** \_\_\_\_\_

**Date Of Birth:** \_\_\_/\_\_\_/\_\_\_

**Mobile:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Please NOTE: It is our standard policy that the medical consultation includes a thorough whole body examination of the skin which requires undressing to underwear. Children under 18 must be accompanied by their parents or guardian.**

We manage Your Personal Data according to GDPR. Please visit our website for more information.

I require a chaperon for the time of consultation.

**Consultation dates:**