

Aberfoyle House, Stapley Road, St Albans AL3 5EP  
01727 856687

# Dr Michael C S Cannell .

**MBBS, DRCOG, MRCGP MFHom PGDipWMA  
GMC 2493495**

c/o Hollybush Surgery, 141 Hollybush Lane Welwyn  
Garden City AL7 4JS Tel 01707 324400

[www.dr-michaelcannell.co.uk](http://www.dr-michaelcannell.co.uk)

email : dr-michaelcannell@gmail.com

## REGISTRATION FORM.

SURNAME ..... TITLE.....

FIRST NAMES: .....

DATE OF BIRTH: ..... AGE: ..... COUNTRY of BIRTH: .....

ADDRESS: .....

.....POSTCODE: .....

TELEPHONE NO. (Home): .....(Work): .....

Email address..... Mobile .....

MARITAL STATUS: MARRIED SINGLE COHABITING SEPARATED

DIVORCED WIDOWED

MAIDEN NAME: ..... NEXT OF KIN.....

OCCUPATION, SCHOOL or COLLEGE: .....

G.P.'s NAME, INITIALS AND ADDRESS: .....

.....

..... POSTCODE: .....

HAVE YOU INFORMED YOUR GP OF YOUR VISIT YES / NO

HAVE YOU BROUGHT A DOCTOR'S LETTER WITH YOU YES / NO

WHO REFERRED YOU TO THIS PRACTICE (if applicable)?

.....

FROM WHERE OR WHOM DID YOU OBTAIN DR CANNELL'S NAME AND ADDRESS?

.....

WOULD YOU BE HAPPY FOR DR CANNELL TO WRITE TO YOUR GP?

YES / NO /NOT AT PRESENT

HOW WILL YOU BE PAYING FOR TREATMENT?

CASH / CHEQUE (with guarantee card) // INSURANCE

Signature: .....

Date: .....

This information is entirely confidential and is covered by the Data Protection Act. Your notes may be used anonymously for teaching or audit purposes. This is to allow doctors to continue with their postgraduate development. If you have no objection to this please sign below.

Signature: .....

Date: .....

(if under 18yrs – parent please sign)