PureGP

Point West, 116 Cromwell Road
London SW7 4XR
+44 (0)20 7788 7000
puregp.co.uk

Patient Information. Personal Details.

Title: _____ Name: _____ Surname: _____

D.O.B: _____ Gender Identity: _____

Preferred Pronouns: _____ Sex assigned at birth: _____

Email: _____

Address: _____

Postcode: _____ Tel: _____

Company: _____

Medical details

Name of NHS GP: _____

Practice Address: _____ Postcode: _____

Contact Consent

- ◯ I consent to receiving marketing and promotional materials.
- ◯ I consent to appointment confirmation and reminders.

Encrypted Correspondence Consent

All emails sent from Pure Sports Medicine are sent using multilayers of encryption. Any clinical correspondence will be sent to you via a secure portal. If you would prefer to opt-out of using a secure portal for your clinical correspondence, you can do so below. If you would prefer for clinical correspondence to be posted to you, please let us know.

- ◯ I woud like clinical correspondence to be sent encrypted
- ◯ I woud like clinical correspondence to be sent unencrypted

Terms & Conditions

Payment Terms
This service operates on a self-pay basis. You will be invoiced directly for your appointment and any associated treatment costs. Full payment is required at the time of your appointment. Payments can be made via credit or debit card only. We do not accept cash or cheques.

Cancellations and Amendments
We require a minimum of 24 hours' notice to cancel or amend any GP appointments. Appointments cancelled with less than 24 hours' notice will be charged at the full value of the consultation. If you miss your appointment without notice, the full fee will still apply.

Referrals and Third-Party Services
As part of your treatment, we may recommend referral to a third-party provider (e.g. for imaging, blood tests, or specialist care). Where clinically necessary, we will share relevant personal and clinical information with the third-party provider to ensure continuity and quality of care. All referrals will be discussed with you prior to being made.

Consent to Treatment
By attending your appointment, you give your informed consent to receive medical assessment, diagnosis, and treatment from our GP service. We are committed to ensuring clear and effective communication at all times. If you are unsure or unclear about any aspect of your treatment or the information provided to you, please do not hesitate to ask. You have the right to withdraw consent at any stage of your care.

Data Protection and GDPR
Pure Sports Medicine operates in accordance with the General Data Protection Regulations (GDPR). Your medical records will be stored electronically and are accessible only by authorised personnel. Disclosures may be made to healthcare professionals, including your GP, and certain third parties who require access to provide healthcare services to you (e.g imaging providers). We may use your medical information on a strictly anonymous basis for teaching, research, and audit purposes.

Medical information is considered special category data. In addition to having a lawful basis for processing, we must satisfy an additional condition under GDPR, such as where the processing is necessary for medical diagnosis or the provision of healthcare. We rely on the performance of our contract with you as the lawful basis, and provision of healthcare as the condition for processing special category data. For more details, please review our Privacy Policy or ask us if you have questions about how your information is handled, your health records, or your data protection rights.

Liability
Pure Sports Medicine does not accept liability for the loss of, or damage to, personal possessions while on our premises, unless it can be proven that the loss or damage was caused by the negligent act or omission of a Pure Sports Medicine employee. We also do not accept liability for death or personal injury unless it is proven to have been caused by negligence on the part of Pure Sports Medicine or its staff. Your statutory rights are not affected by this clause.

Patient Signature

I have read and understood, and I agree to, the above Terms and Conditions including the conditions relating to payment of fees. I understand I may decline any treatment procedures and I agree to ask for further information when I am unsure. I agree to the terms and conditions of Pure Sports Medicine.

Name: _____

Signature: _____

Date: _____