13-15, Digenis Akrita Str.
2nd Floor, Nicosia, CY – 1055
Tel: +357 22 755 940 / Fax: +357 22 753 551
www.nikolenkoclinic.com
E-mail: info@medinstitute.com

REGISTRATION FORM

Patient information

Full Name:			**ID Number:**		**Date of birth**:	__/__/____
Tel. No.:		**Mobile No.:**		**Email address:**		
Home Address:				**Gender**	☐ M ☐ F ☐ I prefer not to say	
Occupation:				**Work Tel. No.:**		

Legal guardian/responsible person (*if applicable*)

Full Name:			**ID Number:**		**Date of birth:**	__/__/____
Tel. No.:		**Mobile No.:**		**Email address:**		
Home Address:				**Relationship to patient:**		

Emergency Contact

Full Name:		**Mobile No.:**		**Tel. No.:**	
Home Address:		**Relationship to patient:**			

General information

Do you suffer from any chronic disease or illness?	☐ YES ☐ NO (if yes please specify):..
Do you have any disabilities?	☐ YES ☐ NO (if yes please specify):..
Are you currently taking any medication?	☐ YES ☐ NO (if yes please specify including dosage and frequency): ....
Are you aware of having any allergies/sensitivities?	☐ YES ☐ NO (if yes please specify):..
Are you currently pregnant or breast feeding?	☐ YES ☐ NO ☐ Not applicable

How did you hear about us?	Preferred language of communication	How would you like us to stay in touch?
☐ *Search engine (eg. Google, Bing,etc)*		☐ *Phone call*
☐ *Social media Network (e.g Facebook)*	☐ *English*	☒ *Text Message*
☐ *Referral from family or friends*	☐ *Greek*	☐ *E-mail*
☐ *Referral from another specialist*	☐ *Russian*	☐ *All or any of the above*
☐ *Other (please specify)*__________________		☐ *None of the above*

Signature (Patient)	***Signature (Legal Guardian if applicable)***	***Date:*** ___/___/____

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Medinstitute-Nikolenko Clinic will only use, store or otherwise process your personal information that you have specifically and knowingly provided to us for legitimate purposes in the course of our business, in order to administer your patient/customer account and to provide the treatments or services that you expressly requested and consented to receive from us. However, under GDPR and relevant national laws, in order to do so we must require your consent. Therefore, we kindly request that you read, complete and sign the agreement below. For more information regarding the processing activities in regards to your personal data please consult our Privacy Policy on our website or you can request such information from a member of our staff.

Agreement for the processing of personal information

I, the undersigned_____________________________________ hereby declare and represent that I understand that the processing of my personal information by Medinstitute-Nikolenko Clinic will be carried out in compliance with the provisions of Regulation No. 679 / 2016 of the European Parliament and the Council of the European Union on the protection of natural persons with regard to the processing of personal data and the movement of this type of data (GDPR) as well as the national legislation applicable to this category of information as may be in force in force from time to time.

I state that I am aware of the Privacy Policy of Medinstitute-Nikolenko Clinic published on [inset link to website] which is an integral part of this Agreement and which I undertake to read and review in order to understand how and why my personal information are being processed.

I further understand that, subject to the limitations imposed by law, I have the following rights in relation to my personal information: a) the right to be informed about my personal data undergoing processing; b) the right to access my personal data; c) the right to correct and amend my personal data; d) the right to have my personal data deleted; e) the right to restrict the processing of my personal data; f) the right to data portability; g) the right to object to my personal data undergoing processing; h) the right to file a complaint with the Office of the Commissioner for Personal Data protection; i) the right to withdraw my consent to processing at any time.

In consideration of the foregoing, I hereby express my option regarding the processing of my personal data as follows:

1. I agree that Medinstitute-Nikolenko Clinic will use and process my personal information in order to provide to me the treatments or services that I request and consent to receive and to maintain a patient/customer profile and record of these treatments or services.

   ☐ Yes ☐ No

2. I agree that Medinstitute-Nikolenko Clinic will use my personal data to communicate with me and for the purpose of organizing marketing and promotional campaigns and for sending customized offers regarding the services that it provides and may be of interest to me and I am aware that I can withdraw this consent at any time by contacting Medinstitute-Nikolenko Clinic in person or by sending a written, dated and signed request to: *13 -15, Diegenis Akrittas Str.4th Floor, Nicosia CY-1055*, or by e-mail at: *[insert e-mail address].*

   ☐ Yes ☐ No

3. I agree that MedInstitue will use and process the data about my health condition that I have provided (stated or derived from medical records) for the provision of the treatments and services that I consent to receive from Medinstitute-Nikolenko Clinic during the period of my treatment or services that I receive and for the period thereafter in compliance with the applicable legislation and regulatory provisions.

   ☐ Yes ☐ No

4. I agree and consent that Medinstitute-Nikolenko Clinic in order to provide its services to me may disclose or share my personal information with third parties such as but not limited to staff members, private insurance companies, specialist consultants, collaborators and/or service providers exclusively for the purpose of providing me with the necessary treatments or services that I consent to receive and only in the circumstances specified in the Privacy Policy or if Medinstitute-Nikolenko Clinic is under a legal obligation to share or disclose my personal information.

   ☐ Yes ☐ No

Date: ___ /____ /______

Full Name: ______________________ Signature: ______________________