

Dr Tom G Werner

Psychiatrist & CBT-Therapist

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Please write your full name:

What's your date of birth?

Gender: Male Female

D.O.B: ____ ____ ____ AGE ____ ____
 day mon year

What is your address? Please include postcode

Email address:

Your mobile number or other contact number

Any alternative work / home telephone numbers?

Is it OK for me to leave a message on this number? If so what should I say?

What is your GP's name, address and phone number?

How were you referred to me?

Will you be paying for the sessions yourself or are they covered by medical insurance?

Self-funded / Insurance

If insured, please state policy number:

And pre-authorisation number:

Declaration:

I am aware that the sessions cost is £_____. If I do not provide 24 hours' notice of cancellation (regardless of the reason for cancellation) I will be liable for payment in full for that session. If some or all of my fees are to be paid by medical insurance, I retain responsibility for ensuring that the fees are paid timely and in full.

Signature: _____

Today's date: _____