



PATIENT REGISTRATION and MEDICAL SUMMARY FORM

In order to provide for your care we need to collect and keep information about you and your health in your personal medical record. Please complete the following form. The information will be used to create your personal medical record on the practice computer

We adhere to Medical Council Guidelines and Principles of the Data Protection Legislation in relation to all our patient data. Further details are available in our Practice Privacy Statement, copies of which are available at Reception.

Please print using block capitals

Surname: _____

First Name: _____

Known as: _____

Title: Mr./Mrs./Ms./Other _____

Date of birth: _____

Gender: Male/Female _____

Address: _____

Phone No: Home _____

Work : _____

Mobile: _____

Email address: _____

(please print clearly)

I consent to receive text messages relating to my care from this practice

Yes No

I consent to receive emails relating to my care from this practice

Yes No

I consent to receive emails/text messages relating to marketing

Yes No

Please note that text messages and email correspondence can include appointment reminders, test results and other information

Do you have a medical card? Yes No

GMS Number: _____

Expiry Date: _____

Do you have Health Insurance? Yes No

Private Health Insurance Company : _____

To avail of certain governmental schemes (e.g. Social welfare certificates, Mother and Child Maternity Scheme, Cervical Check, Childhood vaccinations) it will be necessary for you to provide us with your PPSN number.

PPS Number: _____

Further Information: The following information is essential. Please advise us of any allergies you may have.

Allergies: _____

Medical History : _____

Next of kin - in the event we need to contact someone urgently

Name: _____

Address: _____

Relationship to you: _____

Telephone No. _____

Previous GP Name: _____

Address: _____

24 hours notice required for cancellation of appointment

48 hours notice required for repeat prescriptions

Signed: _____

Date: _____

Policy No: _____	
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