



Patient Registration Form

Please complete the following form and hand it back to reception where it will be included in your medical record for your doctor's attention.

Personnel Details	
First Name	
Surname	
Title	Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Other: _____
Date of Birth	___ / ___ / ___
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender (M) <input type="checkbox"/> Transgender (F) <input type="checkbox"/> Non-binary <input type="checkbox"/> Genderfluid <input type="checkbox"/> Self-Describe _____ Prefer not to Say <input type="checkbox"/>
Twin	Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Address	
Home Phone Number	
Mobile Phone Number	()
Email	
PPS Number <small>Where National Health Services are available free of charge we will apply on your behalf e.g. Cervical Check, flu virus vaccination for specific groups etc.</small>	

Insurance Details (if applicable)	
Insurer Name	
Membership Number	

Medical Card Details (if applicable)	
Medical Card Number	
Expiry Date	___ / ___ / ___

Medical History	
Previous GP (Please provide the name and address of your previous GP practice and any relevant information regarding your medical records.)	
Please note that the above-named patient has registered with our practice and has requested that their medical records be transferred to us.	Signature of Patient:
Please send the records to	

Pharmacy Details	
Pharmacy Name and Location <small>If you have a preferred Pharmacy, all prescriptions can be submitted directly.</small>	



Communication

Please complete boxes with a **Y – Yes** and **N – No**

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

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

I consent to receive emails/texts relating to marketing:

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

This General Practice is in partnership with Centric Health

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. Practice Privacy Statement is displayed at www.CentricHealth.ie/PrivacyStatement . We would encourage you to read this or ask a member of our staff for a copy.