RIVERSTOWN MEDICAL PRACTICE REGISTRATION 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.
Our practices are consistent with the Medical Council guidelines and the privacy principles of the Data Protection Acts. For further details please request our Practice Privacy Statement.

Today's Date: ________________

Surname: ____________________ **First Name:** ______________________________

Date of Birth: __________________ **Gender: Male/Female**

Address: ____ **Eir Code:** __________

Phone: Home: _________________ **Mobile:** __________________ **Email:** _________________

I am consent to receive messages from the Practice in relation to appointments, test results, offers of services such as vaccination and general queries; By Text : Y/N Email: Y/N

GMS No: ______________________ **PPS No:** _____________________
(Medical Card)

Next of Kin:

Name: _____________________________ **Relationship to you:** ________________________

Address: ____ **Eir Code:** __________

Tel Number: ________________________

Previous GP name & address: ____

Pharmacy name & address: ____

To avail of certain governmental schemes (eg. Social Welfare certs, Mother & Child Maternity Scheme, Cervical Check, Childhood Vaccinations) it will be necessary for you to provide us with your PPSN number.

Further Information: The following information is not essential but may be of use to your doctor when they are diagnosing a problem or deciding on a treatment plan for you.

Marital Status: ________________ **Occupation:** ___________________________
Smoking Status: ________________ **Private Health Care:** ____________________
Allergies: ______________________
Medical History: ________________ **Surgical History:** ________________________

Current Medications: ____
If you are unsure you could bring your empty pill boxes with you or get a printout from your pharmacist.

Payment, if applicable should be made to the secretary immediately after you consultation by Cash, Credit Card or Debit Card. Thank you