GENERATION HEALTH
MEDICAL CLINIC
Get Well Stay Well Live Well

PATIENT REGISTRATION, MEDICAL SUMMARY AND CONSENT 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. This information will be used to create your personal medical record on the practice computer system.

Part 1 – Personal Data

Today's Date: _____

Surname: _____

First name: _____ Known as: _____

Title: Mr/Ms/Mrs/Other: _____

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

Address: _____

_____

Phone: Home: _____

Mobile: _____

GMS Number: _____

Card **Expiry Date:** _____

Next of Kin: Name: _____

Address: _____

Relationship: _____

Phone: _____

Your Previous GP name and address: _____

_____

Pharmacy name and address: _____

_____

PPS Number:

To avail of certain governmental schemes (eg Social Welfare Certificates, Cervical Check, Maternity Care, etc) we will need your PPSN. We will only keep it for as long as is necessary to provide the service. Please see our Privacy Statement in this regard.

PPS Number: _____

We love when new patients decide to attend us – how did you find out about the services we offer?

_____

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

Part 2 – Health History

Allergies: _____

_____

Medical History: _____

_____

_____

_____

Surgical History: _____

_____

_____

Current Medications: If you are unsure you can bring your pil bottles or ask for a printout from your pharmacist.

_____

_____

_____

Part 3 – Patient Consents

I have received a copy of the Practice Privacy Statement.

Signed: _____

I consent to Generation Health Medical Clinic holding my data on record for the purposes of providing medical services.

Signed: _____

I consent to Generation Health Medical Clinic providing my data to third parties e.g. hospitals, for the purposes of referrals, results, etc. where agreed with the GP.

Signed: _____

I consent to Generation Health Medical Clinic sending text messages to my Mobile phone.

Signed: _____

I consent to Generation Health Medical Clinic holding a record of my PPS number.

Signed: _____

Date: _____

☑ Unit 9A, Castlecourt SC, Castleknock, D15, Ireland. Tel: **353 1 8235367** Fax: **353/8231003**

☐ The Clinic, 1st Floor, Glenageary SC, Glenageary, Co. Dublin. Tel: **353 1 246 1157** Fax: **2848947**

Email: **info@generationhealth.ie** | **www.generationhealth.ie**

Registered in Ireland number: **528308**