

NEW PATIENT APPLICATION FORM



- New patients must have a permanent home address within 3km of the Practice (A94 KD78).
- New patients must not be currently or recently registered with a GP in the South Dublin area.
- This form, once completed, must be hand delivered by the applicant to the practice for review.

New private patients are required to have an initial paid check-up appointment once registered. This appointment will be organised once your application has been reviewed and accepted.

Surname: _____ First Name: _____

Address: _____

_____ Email: _____

Date of Birth: _____

Male _____ Female _____ (required for any Lab tests)

Mobile Number: _____ House phone number (if any): _____

Consent for text messages to your mobile phone Yes _____ No _____

Previous/Present GP (Name and Address)

Other Emergency phone number or next of Kin

Name / Address: _____

Mobile Phone: _____ Relationship: _____

Medical Card Holder Yes _____ No _____ Private Health Insurance: _____

Occupation: _____ Marital Status: _____

PPS No: _____ (required for vaccinations and med certs)

NAME _____ (Page 2)

CONFIDENTIAL MEDICAL INFORMATION

MEDICAL HISTORY: Please list current or past health problems

SURGICAL OPERATIONS/PROCEDURES:

CURRENT MEDICATION: (includes contraceptive pill, herbal and regular over-the-counter medication)

Please list any allergies you have:

Smoking - Amount per day (current and past):

Alcohol intake - Average per week:

FAMILY HISTORY: (for example – asthma/diabetes/depression)

Signature: _____ Date: _____

All consultations are by prior appointment only.

FEES - Payable at time of consultation

Regular consultation - €75.00

Consultation Over 15 minutes - €85.00

Consultation and blood tests - €100.00