

Bailis GP – Patient Registration Form

Unit 3, Johnstown Leisure Centre, Navan, Co. Meath
Tel: 046 904 6606 Email: bailisgpjohnstown@gmail.com

Patient Details

Full Name: _____
Date of Birth: _____ Gender: _____
PPS Number: _____
Address: _____
Eircode: _____
Mobile Phone: _____ Home Phone: _____
Email: _____

Emergency Contact

Name: _____
Relationship: _____ Contact Number: _____

Medical Details

Medical Card / Doctor Visit Card Number (if applicable): _____
Expiry Date: _____
Do you have a Medical Card assigned to another doctor? Yes No
Current or Previous GP: _____
GP Address / Location: _____
Do you consent to requesting your medical records from your previous GP? Yes No

Health Information

Ongoing medical conditions: _____
Current medications: _____
Allergies: _____
Significant past medical history: _____

Communication Preferences

Text message reminders Phone calls Email correspondence
Preferred contact method: Phone Text Email

Consent & Signature

I confirm that the above information is accurate to the best of my knowledge and consent to Bailis GP holding my personal and medical data in accordance with GDPR regulations.

Signature: _____ Date: _____

For Practice Use Only

Registered by: _____ Date Entered: _____
Chart Number: _____