



New Patient Registration

Please complete one form per person

Name	
Previous Surname	
Address	
Eircode	
Date of Birth	
Marital status	
Email address	
Mobile number	
Landline number	
Next of Kin	
Next of Kin contact number	
Medical card number	
Medical card expiry date	
PPS number	
Medical Insurance details	
Past Significant Medical/Surgical History	

Medications

Known allergies

Details of previous/current GP

Do you wish to register as a temporary or permanent patient at this practice?

☐ TEMPORARY ☐ PERMANENT

Do you consent to have your medical records transferred to Miltown Malbay Medical?

☐ YES ☐ NO

Do you consent to receive test results, appointment reminders and other information via text message?

☐ YES ☐ NO

Signature