



# HAZELHILL

FAMILY PRACTICE

## NEW PATIENT REGISTRATION

Forms will not be accepted unless accompanied by official identification (ie, Passport or Driving Licence). Please note, all fields must be completed before registration can be processed.

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

GENDER: *Male*  *Female*  MOBILE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

EIRCODE: \_\_\_\_\_ I consent to Hazelhill Family Practice contacting me by (please tick):

PHONE

GMS NUMBER: \_\_\_\_\_ EMAIL

EXPIRY: \_\_\_\_\_ PREVIOUS GP NAME: \_\_\_\_\_

PPS NUMBER: \_\_\_\_\_ PREVIOUS GP ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

PHARMACY NAME: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICAL/ SURGICAL HISTORY: \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

*Please note, all patients of Hazelhill Family Practice are required to recognise the housecall constraints of the practice. The doctor may not be in a position to carry out house calls to anyone who lives more than 10km from the practice.*

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_