

**Dr. Karen McGrath**

**santryGP.ie Clinic, Unit 1 Northwood House, Northwood Business Park, Santry, Dublin 9**

**Tel: 01 842 0007 / Fax: 01 857 9652**

**Patient Registration 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. Please complete the following form. The information will be used to create your personal medical record on the practice computer.

Our practice is consistent with the Medical Council guidelines and the privacy principles of the Data Protection Acts.

For further details please see our Practice Privacy Statement. **Thank you for completing all parts.**

**Date:** \_\_\_\_\_ **First**

**Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

**Sex: Male / Female**

**Date of Birth :** \_\_\_/\_\_\_/\_\_\_

**Mr. /**

**Mrs. /Ms./Other:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Tel: Home:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_ **Medical Card**

**Number:** \_\_\_\_\_

**Next of kin's**

**name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Tel:** \_\_\_\_\_

\_\_\_\_\_

**Relationship to you :** \_\_\_\_\_

**Previous G.P. Name &**

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Pharmacy Name &**

**Address:** \_\_\_\_\_

\_\_\_\_\_

**PPSN number:** \_\_\_\_\_

**Country of birth :** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Medical**

**History:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Operations: \_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_

Current Medications:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Female: Last Smear:(date) \_\_\_\_\_  
Where: \_\_\_\_\_

Consent to receive text messages:          Yes / No    Mobile No.  
\_\_\_\_\_

I \_\_\_\_\_ have received a copy of the  
Practice Privacy Statement.  
Print Name

Signed: \_\_\_\_\_ Date:  
\_\_\_\_\_

I consent to Dr. McGrath contacting my previous GP to obtain copies of my  
medical-records

Signed: \_\_\_\_\_ Date:  
\_\_\_\_\_

Where did you hear about us? Friend & Family/ Website/ Signage/ HSE/another  
doctor / flyer/ other