

New Patient Registration Form

Leigheas Medical Centre

arden Road, Tullamore • 0579329327

Personal Details

- **Full Name:**
- **Date of Birth (DD/MM/YYYY):**
- **Gender:**
- **Address:**
- **Phone Number:**
- **Email Address:**
- **PPS Number:**
- **Next of Kin Name & Contact:**

Medical History

- **Do you have any long-term medical conditions?**
☐ Yes ☐ No
(If yes, please specify)
- **Current Medications:**
- **Allergies:**
- **Past Hospital Admissions or Surgeries (with dates):**
- **Any mental health conditions?**

Consent & Communication

- **Preferred method of contact:**
☐ Phone ☐ Email ☐ Post
- **Do you consent to text/email reminders?**
☐ Yes ☐ No
- **Do you allow us to share relevant medical information with other healthcare providers?**
☐ Yes ☐ No

Supporting Documents

Please attach copies of the following:

- Photo ID (e.g. passport or driver's licence)
- Proof of address (e.g. recent utility bill)
- Medical card (if applicable)

Declaration

I declare that the above information is correct and I wish to register as a patient with this GP surgery.

Signature: _____ **Date:** _____