

RATHDRUM & AUGHRIM MEDICAL PRACTICE

Patient Registration and Medical Summary Form

PART 1	PART 2 – HEALTH HISTORY
Today's Date: _____	MEDICAL HISTORY Have you suffered from any of the following illness? Asthma <input type="checkbox"/> Heart condition <input type="checkbox"/> Diabetes <input type="checkbox"/> Abdominal Problems or Ulcers <input type="checkbox"/> Epilepsy <input type="checkbox"/> High Blood Pressure Lung Disease <input type="checkbox"/> Stroke <input type="checkbox"/> (please <input checked="" type="checkbox"/> if YES) Other ailments _____
Surname _____ First name _____	SMEAR HISTORY (FEMALES ONLY) Date of last Smear: _____
Date of Birth: _____ Gender: Male/Female	Do you smoke? YES/NO (If YES, how many per day? <input type="text"/>)
Address: _____	How much alcohol do you drink in a week? <input type="text"/>
Phone: Home _____ work _____	SURGICAL HISTORY (if any) _____
Mobile _____	_____ _____ _____
Medical Card No. _____ Expiry _____	CURRENT MEDICATIONS: _____ _____ _____ _____ _____ _____ _____
PRIVATE HEALTH INSURANCE Yes / No	(If you are unsure you could bring your empty pill boxes with you or get a printout from your pharmacist.)
If yes, Provider _____	Have you any Allergies (if YES please specify below) _____ _____
Next of Kin:	PART 3 – PATIENT STATEMENT
Name: _____	I, _____ (PRINT NAME)
Phone _____	am happy to receive practice information by text to mobile
(in case of Emergency only)	YES / NO (delete as appropriate)
Relationship: _____	_____ _____
Previous GP name and address _____	Signature _____ Date _____
_____ _____	
Pharmacy name and address	
_____ _____ _____	
PPSN number _____	
To avail of certain governmental schemes (eg Social Welfare Certificates, Mother and child maternity scheme, Cervical Check, childhood vaccinations) it will be necessary for you to provide us with your PPSN number	

Marital Status _____	
Occupation _____	

Once your Registration has been accepted, we will contact you to attend for an appointment to review your medical history and your baseline observations. If you are a private patient, there is a charge for this appointment.

Our Practices are consistent with the Medical Council guidelines and the private principles of the Data Protection Acts. For further details, please request to see our Practice Privacy Statement.