



**Flower Hill Medical**

**GP Surgery**

**☎ 046 908 5555**

72 B, Flower Hill Road, Navan, Meath

**PATIENT REGISTRATION FORM**

(Fill the form in block letters)

First Name: .....

Surname:.....

Mr/ Ms/ Mrs

Date of Birth:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Gender .....

Address:.....

Eircode

Phone: ..... Home: ..... Mobile: .....

Email:.....

PPSN:.....

Next of Kin/Emergency

Contact/ Mobile .....

Address:.....

Relationship:.....

Previous GP Name:

Address:

Medical Card Number:

Any allergies: .....

**If you have a medical card/GP Visit you will need to sign a transfer of medical card.**

## Declaration and Consent

I am applying to be a new patient of Flower Hill Medical .

I declare that the information I have given is correct to the best of my knowledge.

Should there be any change in the above, I will contact Flower Hill Medical.

I agree that it may be necessary to discuss aspects of my medication or medical history with a pharmacist or health care professional as appropriate to facilitate my care.

I give permission for Flower Hill Medical to share data e.g contact number, when necessary, with hospitals, pharmacies etc.

I give permission Flower Hill Medical to contact me via phone, text message and email.

I give consent to register for online prescription ordering system

- I give permission for my data to be stored and used for the purpose of online prescription.
- I consent to having this website store my submitted information so they can respond to my inquiry

If it applies, I confirm that I am the parent or legal guardian of the named applicant, and I give consent on their behalf.

Relationship to applicant \_\_\_\_\_

Your signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Block capitals: \_\_\_\_\_

**Please note that registration is not complete until you have been notified by the practice.  
Acceptance to the practice is dependent on availability**

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*Flower Hill Medical: We adhere to Medical Council guidelines and principles of the Data Legislation in relation to all our Patient. Further details are available in our Privacy policy statement. When the practice receives the completed registration form, it will make a computer record for the named applicant. All medical records are computerised and we adhere to medical council and GDPR guidelines in relation to all our patient data.*



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## **Release Of Medical Records**

### Patient Details:

Full Name:

DoB:

Address:

### **Records requested, Prescriptions/Test results/Medical records.**

I ..... hereby request for my medical records to be released to Flower Hill Medical with my consent. I request to transfer my Medical Records to:

Dr Rajneet Singh  
Flower Hill Medical  
72 B Flower Hill Road  
Navan  
Co Meath.  
Phone: 046 908 5555

I authorize the release of my medical records as indicated above.

Signature:

Date: