

ABBHEY MEDICAL CENTRE



Dr Eoin Curtin Dr Edel Twomey Dr Finbar Fitzpatrick

6 Westgate Business Park, Kilrush Road, Ennis, Co. Clare

T: 065-6829975 | F: 065-6824900

E: info@abbeymedicalennis.ie | H: abbeymedicalcentre.gp@healthmail.ie | W: www.abbeymedicalennis.ie

Patient Registration Form

Title: Mr Mrs Ms Miss

Full Name: _____

Address: _____

Date of Birth: _____

Contact Number: _____

Email: _____

PPS Number: _____

Medical Card No: _____

Occupation: _____

Past Medical History: _____

Medications: _____

Relevant Family History: _____

Allergies: _____

Smoking Habits: _____

Alcohol Consumption: _____

Permission to contact you via Phone/Text/Email: YES NO

Name of Previous GP: _____

Their Address: _____

Do you have family members already attending this Practice?

Additional Family Members also looking to join:

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Consent to Data Processing

The information collected on my patient registration form will be held by **Abbey Medical Centre** in manual and in electronic format.

The purpose of holding this information is the provision of appropriate healthcare, treatment and services to me as a patient and to ensure my continuity of care and patient safety. I understand that **Abbey Medical Centre** may also collect information when required to by law.

The information will be processed in accordance with Data Protection legislation. Disclosure of this information will only take place with my express consent or in accordance with legislation or regulatory requirements.

Parents/Guardians of patients and patients aged 18 or over have a right to access the personal data held on them by **Abbey Medical Centre** and to correct it if necessary.

I am aware that I am entitled to:

- Withdraw consent to the processing of my personal information
- Request to access the information **Abbey Medical Centre** holds about me
- Request the correction of inaccuracies in / erasure of the information **Abbey Medical Centre** holds about me
- Request the restriction of processing of the information **Abbey Medical Centre** holds about me
- Exercise my entitlement to data portability
- Make a complaint to the Office of the Data Protection Commissioner of Ireland

I consent to the use of the information supplied as described above and in the Data Protection Patient Information Leaflet which I have received.

Signed: _____(signature)

_____ (print name)

Date: _____