



Drumkeeran Health Centre

Dr. Zachary Johnson | Dr. Cassie McVeigh

Drumkeeran, Co. Leitrim, N41 HR25

Phone 0719648043

www.drumkeeranhealthcentre.com

reception@drumkeeranhealthcentre.com

New patient registration form

Today's date	
Forename	
Preferred name	
Surname	
Date of birth	
GMS (medical card) number	
PPS number	
Health Insurance company and number (if applicable)	
Mobile number	
Landline	
Email	
Address	
Eircode	
Previous GP name and contact details	

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Name _____



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Do you have any long term medical problems?

Are there any acute medical issues that you are concerned about at present?

Have you had any form of surgery?

Are you being followed up at any hospital out-patient clinics?

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Are you aware of a need for follow up of particular issues in the future such as specific blood tests, scans or other investigations?

Are you taking any medication, including over the counter drugs? Can you list the name of the drug, the dose and how often you take it? You can attach a copy of your current prescription.

Do you have any allergies? If so, what was the nature of the reaction?

Do you smoke? If so how many?

Do you drink alcohol? If so how many units per week approximately?

What is your weight?

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What is your height?

If you work, what type of work do you do?

Do you have any relevant family history in close family members that we need to know about?

What is the reason that you would like to attend the practice?

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Date _____

Patient name _____

DOB _____

I understand that an initial consultation to meet the doctor to enable the doctor to understand my past medical history and potential future issues is necessary before any new patient can be accepted. I understand that, unless I currently have a medical card, this is a paid consultation.

I agree to settle all fees due in a timely manner.

I consent to contact by text message or phone if deemed necessary. I understand that I cannot reply to these texts. I consent to contact by email if necessary. I undertake to keep the practice updated of any changes to address, email or phone details.

I agree that verbal or physical abuse of staff will not be tolerated.

Signed _____

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