



## ***Monkstown Surgery Registration Form***

**Today's date:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

**Known as:** \_\_\_\_\_

**Title:** Mr/ Mrs /Ms / Other

**Date of Birth:** \_\_\_\_\_

**Gender:** Male/ Female/ Other

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone: Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**GMS number (if applicable):** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Health Insurance Provider (if applicable):** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_

**Ethnic origin:** \_\_\_\_\_

**PPS Number:** \_\_\_\_\_

**Next of Kin:**

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone Contact:** \_\_\_\_\_

**Previous GP Name and address:**

\_\_\_\_\_

**Pharmacy name and address:**

\_\_\_\_\_

**Medical History: (please provide details of any significant illnesses or hospital stay)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Surgical History:**

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(please provide details of any operations):

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**Current Medications:**

(including any over the counter or non-prescription medications)

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**Drugs Allergies:** Yes / No – if yes please specific: \_\_\_\_\_

**Relevant Family History:**

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**Are you a smoker:** Yes / No

If yes, how many cigarettes per day? \_\_\_\_\_

**Are you an ex-smoker?** Yes / No

If yes, when did you quit? \_\_\_\_\_ How many years did you smoke? \_\_\_\_\_

**Do you vape?** Yes / No

**Do you drink alcohol?** Yes / No

If yes, how many units per week? \_\_\_\_\_

**Are you up to date or registered for the following national screening programmes?**

**Breast Check for females age 50-69?** Yes / No

**Cervical Check for females age 60-65?** Yes / No

**Bowel Screen for all adults age 60-69?** Yes / No

**Consent:** (please sign)

**Do you consent to receive information via SMS text?** Yes / No

**Do you consent to receive information via email?** Yes / No

**I consent for my medical information to be sent to Monkstown Surgery:**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_