

CARA MEDICAL CENTRE
Gortboy, Newcastle West, Co. Limerick.
Phone (069) 77040

NEW PATIENT ENQUIRY FORM

Surname: _____ **First Name:** _____

Maiden Name: (if applicable): _____

Date of Birth: _____ **Male/Female: (Please Circle)**

Address (Incl Eir Code): _____

_____ **Tel No: (H)** _____

Mobile No: _____ **PPS No:** _____

Consent to contact by phone: Yes/No (Please Circle)

Medical Card No: _____ **Private Health Insurance:** _____

Marital Status: _____ **Partners Name:** _____

Emergency Contact Name & Contact No: _____

Nationality: _____ **Occupation:** _____

Smoker/Non Smoker: _____ **Alcohol Intake:** _____

Exercise: _____

Past Medical History: _____

Past Surgical History: _____

Family Medical History: _____

Allergies: _____ **Current Medications:** _____

Immunisations Record: _____

Other Relevant Information: _____

I consent to the confidential data contained within this form to be held at Cara Medical Centre in accordance with Data Protection Regulations.

Signed: _____ **Date:** _____

Dr. John M. Leonard

FAMILY DOCTOR
MB. BCH. BAO. MRCGP. ACLS. F.P.C.

Medical Council Number 12377

Dr. Miriam C Murphy

FAMILY DOCTOR
MB. BCH. BAO. MRCGP. ACLS.
F.P.C. D. PRACT. DERMATOLOGY

Medical Council Number 11935

CARA MEDICAL CENTRE, Gortboy, Newcastle West, Co. Limerick.
Phone (069) 77040 Fax (069) 77044
E-Mail: caramedical@gmail.com

TRANSFER OF GP RECORDS

To: Dr _____

Address: _____

Re: Patient Name: _____ DOB: _____

Dear Dr _____,

The above has decided to register with this practice. I would be grateful if you could forward me a copy of their medical records. Signed patient consent in accordance with Data Protection Regulations has been provided below.

Yours sincerely,

Dr John Leonard/Dr Miriam Murphy

Patient Consent:

Date: _____

I, _____ (Print Name)

consent to the release of my medical records to Cara Medical Centre, Newcastle West, Co Limerick.

If your records are held on Health One management system, please transfer these records electronically to john.leonard@healthmail.ie.

Signed: _____