



## New Patient Application Form

Please complete the following application form with as much information as possible. Please note that due to current and increasing levels of clinical workload we unfortunately have a very limited capacity to accept new patients. All decisions to accept a new patient will be made exclusively by practice partners. We endeavour to make a decision on all applications as quickly as possible and will communicate the decision once one is made.

Please note that all data received is processed in accordance with our strict data protection policy (available at [www.cssdoctor.ie](http://www.cssdoctor.ie)) and GDPR guidelines. Information received from successful applications will be used to create a person medical record which will only be used for purposes pertaining to your medical care needs and will be maintained in the strictest confidence. Information received from unsuccessful applications will not be held and permanently deleted.

**Name of Applicant:** \_\_\_\_\_

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

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

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

**Phone Number:** \_\_\_\_\_

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

**Medical Card Number:** \_\_\_\_\_

**Family Members with this Practice:** \_\_\_\_\_

**Current GP:** \_\_\_\_\_

**Reason for changing GP:** \_\_\_\_\_

**Medical History (brief history):** \_\_\_\_\_

**Medications (attach list if >3):** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Thank You and Kind Regards,**

**Dr Brendan Crosbie, Dr Claire Keaveney, Dr Martina Hanratty, Dr Cyril Crosbie.**