

Dr Kamran Mirza
MICGP • MCCFP
MD
PG Cert Allergy & Clinical Immunology
MSc Obesity & Weight Management



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PATIENT REGISTRATION FORM

1. PERSONAL DETAILS

Title (Mr/Mrs/Ms/Miss/Other):	First Name:	Surname:
Date of Birth: DD / MM / YYYY	PPS Number:	
Gender: ☐ Male ☐ Female ☐ Other	Marital Status: ☐ Single ☐ Married ☐ Other	
Address:		Eircode:
Home Phone:	Mobile:	Email:

2. EMERGENCY CONTACT

Name:
Relationship:
Mobile:
Other Phone:

3. PREVIOUS GP

Previous GP Name:
Practice Name:
Practice Address:
Phone:

4. MEDICAL COVER

Do you have a Medical Card? ☐ Yes ☐ No	Medical Card Number:
Do you have a GP Visit Card? ☐ Yes ☐ No	GP Visit Card Number:

5. MEDICAL INFORMATION

Do you have any allergies? ☐ Yes ☐ No	If yes, please specify:
Are you currently on any medication? ☐ Yes ☐ No	If yes, please list:
Do you have any medical conditions? ☐ Yes ☐ No	If yes, please specify:

6. I CONSENT TO RECEIVE COMMUNICATION

☐ Phone
☐ SMS
☐ Email
☐ I consent to receive SMS messages for appointment reminder and investigation result notification

7. REQUEST FOR MEDICAL RECORDS

I consent to Kilmessan General Practice requesting my medical records from my previous GP.

Signature: _____ Date: DD / MM / YYYY

8. DECLARATION

The information I have provided is correct to the best of my knowledge.
I understand that it is my responsibility to inform the practice of any changes to my personal details.
I consent to my personal data being stored and used by Kilmessan General Practice for the purpose of my medical care in line with GDPR and the practice Privacy Notice.

Signature: _____ Date: DD / MM / YYYY

FOR PRACTICE USE ONLY

Date Registered: DD / MM / YYYY Practice ID: _____ Registered By: _____

Thank you for choosing Kilmessan General Practice. We look forward to caring for you.