



<b>MEDICAL CARD PATIENTS</b>	This means the patient has a GMS card, Under 6 card, Doctor Visit card, etc. All sections in white and grey must be completed.
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<b>PRIVATE PATIENTS</b>	This means the patients does not receive any subsidies for their medical treatment. All sections in grey must be completed.
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**Medical Card Patients Only**

Card No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Valid to	<input type="text"/>	<input type="text"/>
Current registered GP	<input type="text"/>						Current GP GMS No	<input type="text"/>		

**ALL patients complete this section**

Title	<input type="text"/>	First Name(s)	<input type="text"/>							
Last / Family Name	<input type="text"/>									
DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gender	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>							Town	<input type="text"/>	
County	<input type="text"/>				Eircode	<input type="text"/>				
Phone	<input type="text"/>				Mobile	<input type="text"/>				
<b>Next Of Kin Details</b> (in case we need to contact some whilst you are in our care)										
First Name	<input type="text"/>				Last / Family Name	<input type="text"/>				
Address	<input type="text"/>									
Phone No	<input type="text"/>				Relationship	<input type="text"/>				

**ALL patients complete this section**

If the patient named above is aged <b>16 years or older</b> please initial here	<input type="text"/>
If the patient named above is aged <b>under 16 years</b> then please initial here as parent / guardian	<input type="text"/>
If you are the parent / guardian please state your name here	<input type="text"/>
Please initial here if you consent to being contacted by SMS	<input type="text"/>

**ALL patients complete this section**

The other side of this form is regarding consent for processing of health data (GDPR). All patients MUST read this information and MUST sign below, by signing below you are confirming that you have done this and fully understand this information. If you are the patient's parent / guardian then you must do so on their behalf. This form is not complete unless all elements are fully completed and also a signature and date are below.

I ..... freely consent for RocDoc to process my personal data, include health information for the purpose of my on-going health care treatment in accordance with what I understand on the back of this form.

Patient signature if 16 years or older	<input type="text"/>
Patient's Date of Birth	<input type="text"/>
Patient's Parent / Guardian signature if under 16 years	<input type="text"/>
Today's Date	<input type="text"/>



## **Patient consent for processing of health data**

To assist with your care at RocDoc we need to collect personal data about you. This information will include details of your health and your treatments.

We may also need to record additional information that while may not seem to relate directly to your health, it would help in our treatment of you. Examples of this kind of information would include things like your age, gender, marital status, number of children you have, your nationality, your employment status, religion, prison sentences, etc. Our policy is only to collect and record information about you that helps in your treatment.

### **Declaration**

- I understand my health information will be seen or shared only with medical and administrative staff involved in my care or where RocDoc is required to do so by law.
- I understand that for the purposes of my treatment administrative staff may have to access my health data. Reasons for this access would include the re-issuance of prescriptions, the opening of letters and recording of information from hospital about me, downloading and saving my file results from laboratories, typing of letters to hospitals and other similar health related issues.
- I understand that all RocDoc staff sign a confidentiality agreement that binds them not to disclose my details to any unauthorised persons not involved in my care.
- I understand that any health data shared outside of RocDoc for the purposes of my health treatment will, normally, be limited to information related to a particular treatment and not my entire file.
- I understand that my health data will be stored primarily on a secure database operated by a specialist company called Clanwilliam Health and I understand that Clanwilliam Health are only allowed to process my health data under the instructions of RocDoc.
- I understand the law provides that in certain instances personal health information can be disclosed (e.g. in the case of some infectious diseases).
- I understand that RocDoc will only release information to, for instance solicitors or insurance companies, at my express request.
- I understand that I can withdraw consent for processing of my personal health data at any time in writing.