

**PATIENT IDENTIFICATION FORM**

**MINOR FORM**



PLEASE COMPLETE IN BLOCK CAPITALS

PHOTO ID WILL BE REQUIRED TO VERIFY IDENTITY AND A COPY SCANNED TO YOUR CHART

PLEASE ENSURE THAT YOU MAKE US AWARE OF ANY CHANGES TO YOUR PERSONAL OR MEDICAL INFORMATION

YOUR APPLICATION TO JOIN THE PRACTICE WILL BE REVIEWED BY A GP, YOU WILL BE CONTACTED WITHIN 2 WEEKS TO UPDATE YOU

We want to ensure the highest standard of medical care for our patients. A General Practice is a trusted community governed by an ethic of privacy and confidentiality. Our practices are consistent with the Medical Council guidelines and the privacy principles of the Data Protection Acts. In order to provide your care we need to collect and keep information about you and your health on computer records. We retain your information securely. All staff are bound by confidentiality agreements that explicitly makes clear their duties in relation to personal health information.

NAME OF PARENT/GUARDIAN	<input type="text"/>		
DOB OF PARENT/GUARDIAN	<input type="text"/>	<input type="text"/>	<input type="text"/>

SURNAME	<input type="text"/>		
FIRST NAME	<input type="text"/>		
PPS NUMBER	<input type="text"/>		
MEDICAL CARD NUMBER	<input type="text"/>	EXPIRY DATE	<input type="text"/>

Where you hold a medical or doctor visit you will be registered with a GP in the practice

DOB DD/MM/YYYY	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
GENDER	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	

ADDRESS LINE 1	<input type="text"/>
ADDRESS LINE 2	<input type="text"/>
ADDRESS LINE 3	<input type="text"/>
ADDRESS LINE 4	<input type="text"/>

<b>CONTACT DETAILS</b>	
PARENT/GUARDIAN HOME TELEPHONE NUMBER	<input type="text"/>
PARENT/GUARDIAN MOBILE TELEPHONE NUMBER	<input type="text"/>
PARENT/GUARDIAN EMAIL ADDRESS	<input type="text"/>

BY SIGNING THIS FORM YOU AGREE TO ABIDE BY THE PRACTICE CODE OF CONDUCT, A COPY OF WHICH IS AVAILABLE AT YOUR REQUEST AND TO YOUR AGREEMENT TO ALLOW US TO RETAIN THE PERSONAL INFORMATION PROVIDED IN AND WITH THIS FORM

SIGNATURE PARENT/GUARDIAN	<input type="text"/>	DATE	<input type="text"/>
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For admin use only			
GP Reviewed	<input type="text"/>	Date	<input type="text"/>
Photo ID verified	<input type="text"/>	Date	<input type="text"/>
Chart opened by	<input type="text"/>	Date	<input type="text"/>
Chart linked to parent	<input type="text"/>	Date	<input type="text"/>
Scanned by	<input type="text"/>	Date	<input type="text"/>