Menopause HEALTH

Patient Registration Form

First Name:	
Surname:	
Date of birth:	
Address:	
Phone:	
Email:	
Next of kin:	
Name:	
Relationship:	
Phone:	
GP Name:	
GP Address	
Preferred Pharmacy	

Emails and text messages are generated using a secure facility but are transmitted over public network and may not be secure. You can opt out at any time by contacting info@menopausehealth.ie

We adhere to Medical Council guidelines and principles of the Data Protection Legislation in relation to all our patient data. Further details are available in our Practice Privacy Statement. Practice Privacy Statement is displayed at www.menopausehealth.ie We would encourage you to read this or ask a member of our staff for a copy.

	Yes	No
I consent to Menopause Health contacting my GP	☐	☐
I consent to receive text messages relating to my care from this practice	☐	☐
I consent to receive emails relating to my care from this practice	☐	☐
I consent to receive texts/emails relating to marketing	☐	☐