



Good People Medical Centre,
Unit 5 , Southgate Shopping Centre,
A92V08A
041 2134182

Application to join the practice

First Name _____ Surname _____ M/F _____

Address _____

Eircode _____ Distance from Centre _____ Date of Birth _____

Mobile Number _____ Email _____

Current GP _____ GMS/DVOC number _____

Current medication _____

Family members under 18 that wish to register:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

I consent to receiving SMS messages from GoodPeople Medical Y/N

I consent to receiving my results/ certs by Gmail (when requested by myself) Y/N

I agree to adhere to the Practice Policy's of GoodPeople Medical Centre.

Signed _____ Date: _____