



**Good People Medical Centre,**  
Unit 5, Southgate Shopping Centre,  
A92V08A  
**Phone:** 041 2134182  
**Email:** info@goodpeoplemedical.ie

### 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: \_\_\_\_\_