**Expression of Interest in registering with Eglinton Medical Practice**

|  |  |
| --- | --- |
| **NAME** |  |
| **DOB** |  |
| **ADDRESS** |  |
| **CONTACT NUMBER** |  |
| **EMAIL ADDRESS** |  |
| **NATIONALITY** |  |
| **PLACE OF BIRTH** |  |

|  |  |
| --- | --- |
| **What date did you move to your current address?** |  |
| **Previous address** |  |
| **Name of last GP** |  |
| **Reason for leaving last practice** |  |

Are any of your family members already registered with this practice? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If ***yes*** please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHILDREN UNDER 18:**

Please advise if there is currently any social services involvement with any child seeking to register with us:

**SIGNED: DATE:**

***FOR OFFICE USE ONLY: APPROVED YES / NO***

**ADDITIONAL FAMILY MEMBERS TO BE CONSIDERED FOR REGISTRATION:**

|  |  |
| --- | --- |
| **NAME** |  |
| **DOB** |  |
| **Mobile Number/Email (if different from above)** |  |
| **NATIONALITY** |  |
| **PLACE OF BIRTH** |  |

|  |  |
| --- | --- |
| **NAME** |  |
| **DOB** |  |
| **Mobile Number/Email (if different from above)** |  |
| **NATIONALITY** |  |
| **PLACE OF BIRTH** |  |

|  |  |
| --- | --- |
| **NAME** |  |
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| **Mobile Number/Email (if different from above)** |  |
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| **PLACE OF BIRTH** |  |

|  |  |
| --- | --- |
| **NAME** |  |
| **DOB** |  |
| **Mobile Number/Email (if different from above)** |  |
| **NATIONALITY** |  |
| **PLACE OF BIRTH** |  |

**Welcome to Eglinton Medical Practice**

This form details our registration process. You should hold onto it until your registration has been accepted and is complete to ensure you don’t miss any steps.

\*Please complete the attached expression of interest form for yourself and any family members.

**Completed forms should be returned to the health centre reception**. It will then go to a practice meeting where a decision will be reached.

\*If you have been accepted we will contact you by phone. You will then have to call to the health centre in person to complete the next steps:

-**Moving within N.Ireland** – We will need your medical card. There is a registration form you can complete if you do not have this to hand.

-**Moving from the UK/Scotland/Wales** – You will need to complete a more in depth registration form available at the health centre, you will also need to provide proof of ID & proof of address when returning this.

-**Moving from Outside the UK/Cross-border workers** - You will need to complete a details HS200 available from reception. You will be advised what supporting documents to return dependent on individual cases.

\*Adults over 18 years old will be invited to attend our practice nurse for a new patient medical.

If you are on repeat medication we will need a list (eg the right hand side of a previous prescription).We are unable to accept empty medication boxes as proof.

\*Children under 4 years old – We will pass your detail onto our health visiting team who will contact you directly re vaccinations & check-ups.

Please contact us on 02871810252 if you have any queries.

***Dr’s Patterson, Casey, Doherty, Devlin & McKendry***