
**MIDOC GP Out-of-Hours Service**

**Deaf/Hard of Hearing Registration Form**

***Name: ---------------------------------------------------------***

*Dependent Children:*

*Name: Date of Birth:*

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***Address: ---------------------------------------------------------***

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***Date of Birth: ------------------------------------------------------***

***Mobile Number: --------------------------------------------------***

***Private: □ Medical Card: □ Medical Card Number: -------------------------------------***

***Next of Kin/Neighbours No: -----------------------------------------------------------------------***

***(Hearing)***

***GP’s Name and Surgery Address: -----------------------------------------------------------***

 ***-----------------------------------------------------------***

***Medications: -----------------------------------------------------------***

***Allergies: -----------------------------------------------------------***

***Past Medical History: ----------------------------------------------------------***

***Nearest MIDOC Centre: ----------------------------------------------------------***

***Directions to house (where relevant) ---------------------------------------------------------***

 ***---------------------------------------------------------***

***Eircode ---------------------------------------------------------***

***Do you live alone? Yes □ No □***

***Do you have transport? Yes □ No □***

***Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Return completed form via post to Nurse Manager, MIDOC Out-of-Hours Service, Health Centre, Arden Road, Tullamore, Co Offaly Fax: 057 9359268 or by e-mail to*** ***aine.ennis2@hse.ie***