

## Patient Registration & Consent Form

Please complete the following form. The information will be used to create your personal medical record on the practice computer.

### Part 1- Personal Details

Name: \_\_\_\_\_

Title: Mr. /Mrs./Ms./ Other \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: Male / Female

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Eircode: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mobile: \_\_\_\_\_ Landline: \_\_\_\_\_

Do you consent to receiving text alerts from the practice by mobile phone: Yes / No

GP name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GMS number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Private Health Insurance Provider (if any) \_\_\_\_\_

### Part 2 – Health Information

Past Medical History:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Current medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Consent to Data Processing

The information collected on my patient registration form will be held by Cork Nutrition Consultancy in electronic format on a GDPR-compliant cloud-based platform. The purpose of holding this information is the provision of appropriate healthcare and services to me as a patient and to ensure my continuity of care and patient safety.

The information will be processed in accordance with Data Protection legislation. Disclosure of this information will only take place with my express consent or in accordance with legislation or regulatory requirements.

Patients over 18 years of age, and Parents/Guardians of patients under 18, have a right to access the personal data held on them by Cork Nutrition Consultancy and to correct it if necessary.

I am aware that I am entitled to:

- Withdraw consent to the processing of my personal information
- Request to access the information that Cork Nutrition Consultancy holds about me.
- Request the correction of inaccuracies in / erasure of the information Cork Nutrition Consultancy holds about me
- Request the restriction of processing of the information Cork Nutrition Consultancy holds about me
- Exercise my entitlement to data portability
- Make a complaint to the Office of the Data Protection Commissioner of Ireland

I consent to the use of the information supplied as described above and in the Data Protection Patient Information Leaflet which I have received from Cork Nutrition Consultancy.

I acknowledge it is my responsibility to advise the practice of any change of address or telephone numbers.

Signed: \_\_\_\_\_ (signature)

\_\_\_\_\_  
(print name)

Date: \_\_\_\_\_