

**Munster Menopause Clinic Patient Registration,
Medical History and Consent Form.**

In order to provide for your care, we need to collect and store your personal medical information. This information will be used to create your patient file on our patient management system.

Personal Data

Surname: _____

First Name: _____

Title(Mrs, Ms, Mr, Other): _____

Date of Birth: _____

Gender: Male/Female

Address: _____

Postcode: _____

Phone: _____

GP name & Address: _____

Medical or GP Visit Card
Number: _____

PPS Number: _____

First Language: _____

Interpreter Required: Yes/No

Emergency Contact Details

Name: _____

Number: _____

Medical History: please list

Family History: please list

Surgical History: please list

Allergies: please list

Current Medications: if you are unsure you may bring your pill boxes or a print out from your pharmacist

How did you hear about us? _____

Consents

I consent to Munster Menopause Clinic holding my data for the purposes of providing medical services.

Signed:

I consent to Munster Menopause Clinic sending text messages to my mobile phone.

Signed:

I consent to Munster Menopause Clinic holding a copy of my PPS number.

Signed:

Date:

Munster Menopause Clinic is operated at Tallow Family and Women's Clinic. Your patient data is stored securely in Tallow Family and Women's Clinic Patient Management System in accordance with Tallow Family and Women's Clinic Data Protection Policy.