



GP Visit Card

Over 70

Registration Form

Complete all three parts of this form. Please complete in CAPITAL letters and place a tick (✓) where appropriate in the single boxes provided.

FOR OFFICIAL USE ONLY

Reference number:

Date received:

Part 1A Personal details (single applicant or joint applicants if applicable)

	First name:	Surname:	Date of birth: (dd/mm/yyyy) For example: 05111970	Gender: (Please tick)	PPS number: For example: 2221111AW
Applicant 1			0 5 1 1 1 9 7 0 D D M M Y Y Y Y	<input type="checkbox"/> M <input type="checkbox"/> F	2 2 2 1 1 1 1 A W
Applicant 2 (spouse or partner if applicable)			0 5 1 1 1 9 7 0 D D M M Y Y Y Y	<input type="checkbox"/> M <input type="checkbox"/> F	2 2 2 1 1 1 1 A W

Part 1B Contact details

Address:

Mobile phone: -

Please tick this box to accept SMS (text message) from the HSE. You will receive updates on the progress of your application.

Home telephone:

Email address:

Part 1C Residency

I confirm that I live or intend to live in Ireland for at least 1 year Yes No

Part 2A GP of choice: Applicant 1

Please ask your family doctor (GP) of choice to complete this section of the form.

You can find a list of GPs taking part in the scheme at www.gpvisitcard.ie or phone LoCall 1890 252 919. If your spouse or partner (if applicable) attends a separate GP, they will need to complete section 2B below.

GP name:		Practice address:																																																																																																
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																								<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																																										
GMS number:																																																																																																		
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>																																																																																																		
I agree to provide medical services to the person named on this form.																																																																																																		
Signature of GP:		GMS Stamp here:																																																																																																

Part 2B GP of choice: Spouse or Partner

Please ask your GP of choice to complete this section of the form.

You can find a list of GPs taking part in the scheme at www.gpvisitcard.ie or phone LoCall 1890 252 919.

GP name:		Practice address:																																																																																																
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																								<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																																										
GMS number:																																																																																																		
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>																																																																																																		
I agree to provide medical services to the person named on this form.																																																																																																		
Signature of GP:		GMS Stamp here:																																																																																																

Part 3 Declaration and consent

The HSE has the right to review and change your GP Visit Card eligibility (or that of your partner/spouse) at any time, for example if your residency status (or that of your partner/spouse) changes.

Declaration and consent

Please read these statements. If you agree with them, sign the form below.

I apply for a GP Visit Card for myself and my partner/spouse (if relevant).

I declare that the information that I have given as part of this application is correct to the best of my knowledge.

I agree to tell the HSE immediately of any change that may affect my eligibility (or that of your partner/spouse) for GP Visit Card Over 70.

I agree that the HSE, when assessing eligibility, may contact other Government Departments including the Department of Social Protection, the Revenue Commissioners and the Department of Justice to confirm the information that I have given.

Please sign here: _____

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Help and information

Who can apply for a GP Visit Card Over 70?

Any person aged over 70, who lives or intends to live in the Republic of Ireland for at least one year can apply for a GP Visit Card – Over 70. Ordinarily resident means that you are living here or intend to live here for at least one year.

What details are needed to complete this form?

Complete **all three parts** of this form.

1. Your details and your spouse or partner's details.
2. GP of choice.

Please sign and return this form to:

National Medical Card Unit, GP Visit Card Over 70, PO Box 12696, Dublin 11.

What happens if I attend a separate GP to my spouse/partner?

If your partner or spouse attends a different GP to you, they will need to fill in a separate registration form and have their GP sign it.

I already have a Medical Card or GP Visit Card. Do I need to fill in this form?

If you (or your spouse or partner) already have a Medical Card or GP Visit Card, you do not need to complete this form as the GP services are already provided under the GMS scheme.

I have applied for a Medical Card or GP Visit Card – should I also fill in this form?

No. If you are aged over 70 and have already applied for a Medical Card or GP Visit Card, we will assess your application for one of those cards. If you are eligible for a Medical Card or GP Visit Card, you will receive your card. If your application is unsuccessful, you (and your spouse/partner) will automatically receive a GP Visit Card Over 70.

Checklist

- Have you completed your details, including your contact details?
- Have you completed your spouse or partner's details, if applicable?
- Have you selected a GP of choice and has Part 2 been stamped by the GP?
- Have you read the declaration and signed it?

If you have any questions before you send off this form, LoCall **1890 252 919**.

Please send your completed form to:

GP Visit Card - Over 70 Scheme
PO Box 12696
Dublin 11.

Data Protection and Freedom of Information Notice

Anonymised data may be disclosed to other bodies for the purpose of providing a health service. Any disclosure will be in accordance with the laws relating to proper treatment of data.