




GP Visit Card

Over 70s

Registration Form

Please read 'Help and information' on page 4 before completing this 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: 05111938	Gender: (Please tick)	PPS number: For example: 222111AW
Applicant 1			0 5 1 1 1 9 3 8 D D M M Y Y Y Y	<input type="checkbox"/> M <input type="checkbox"/> F	2 2 2 1 1 1 1 A
Applicant 2 (spouse or partner if applicable)			1 5 0 9 1 9 4 0 D D M M Y Y Y Y	<input type="checkbox"/> M <input type="checkbox"/> F	9 8 7 6 5 4 3 Q A

Part 1B Contact details

Address:

	Mobile phone: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
	Please tick this box to accept SMS (text message) from the HSE. You will receive updates on the progress of your application. <input type="checkbox"/>
	Home telephone: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Email address:	<input style="width: 100%;" type="text"/>

Part 1C Residency

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

Part 1D Nominated Contact Person

You may wish to have a relative or friend complete this application on your behalf. If you do, the person filling in the form for you is called the nominated contact person. All correspondence and contact will be directed to the nominated contact person.

Name:																												
Address:																												
Relationship to applicant:																												
Home telephone:											Mobile phone:				-													

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) is also over 70, and attends a separate GP, she or he will need to complete section 2B below.

GP name:																			Practice address:																		
GMS number:																																					
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 note your spouse or partner must also be over 70 years of age to be eligible for this scheme. If your spouse or partner is eligible and she or he attend a separate GP, this section needs to be completed and stamped by their GP.

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: <table border="1" style="display: inline-table; border-collapse: collapse; width: 250px; height: 20px; margin-bottom: 5px;"></table> <table border="1" style="display: inline-table; border-collapse: collapse; width: 250px; height: 20px;"></table> GMS number: <table border="1" style="display: inline-table; border-collapse: collapse; width: 80px; height: 20px; margin-bottom: 5px;"></table> <table border="1" style="display: inline-table; border-collapse: collapse; width: 80px; height: 20px;"></table>	Practice address: <table border="1" style="display: inline-table; border-collapse: collapse; width: 100%; height: 20px; margin-bottom: 5px;"></table> <table border="1" style="display: inline-table; border-collapse: collapse; width: 100%; height: 20px; margin-bottom: 5px;"></table> <table border="1" style="display: inline-table; border-collapse: collapse; width: 100%; height: 20px; margin-bottom: 5px;"></table> <table border="1" style="display: inline-table; border-collapse: collapse; width: 100%; height: 20px;"></table>
I agree to provide medical services to the person named on this form.	
Signature of GP:	GMS Stamp here:

Part 3A Data Protection (Please note this section is optional)

I consent that my health information (gathered through checks such as Cycle of Care for Persons with a diagnosis of Type 2 Diabetes which will be available from October 2015) will be shared by the GP with the HSE for research and planning purposes.

Please tick to consent:

Part 3B Declaration and consent

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

Declaration and consent

Please read these statements. If you agree with them, please sign below and write the date.
 I apply for a GP Visit Card for myself and my spouse or partner (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 of any change that may affect my eligibility **or** the eligibility of my spouse or partner (if any) for a GP Visit Card Over 70s.

I accept 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
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Help and information

Who can apply for a GP Visit Card Over 70s?

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 70s.

What details are needed to complete this form?

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

1. Your details and your spouse's or partner's details, if applicable.
2. Your GP of choice details.
3. Signed and dated Declaration and consent. (Part 3).

What is a Nominated Contact Person?

If you wish a friend or relative to act on your behalf, you can complete Part 1D. All correspondence and contact will be sent to the nominated contact person.

Please sign and return this form to:

National Medical Card Unit, GP Visit Card Over 70s, PO Box 12629, Dublin 11.

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

If your spouse or partner attends a different GP to you, and they are also over 70 years of age, they can be included in this application. However, they will need to complete section 2B with details of their GP of choice. Their GP will also need to stamp the section.

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 general Medical Card 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 or partner) will automatically receive a GP Visit Card Over 70s.

My spouse is under 70 years of age, are they eligible to register?

No, your spouse or partner must also be 70 years or older to be eligible for this scheme. If they are under 70 years, they can apply to be assessed for a Medical Card eligibility, by completing and returning a Medical Card Application form (MC1 form).

Checklist

- Have you completed your details, including your contact details?
- Have you completed your spouse's or partner's details if applicable?
- Have you ticked Part 1C (end of Page 1)?
- Have you selected a GP of choice and has Part 2 been stamped by the GP?
- Have you read the declaration in Part 3 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 70s
PO Box 12629
Dublin 11.