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## Registration Form

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

**Date of Birth:** \_\_\_\_\_

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

\_\_\_\_\_

**Home Tel No:** \_\_\_\_\_

**Mobile Tel No:** \_\_\_\_\_

**Consent to receive information  
by text message:**                      Yes                      No

**Email:** \_\_\_\_\_

**Medical Card:**                      Yes                      No

**Private Health Insurance:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

### Next of Kin

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

**Relationship:** \_\_\_\_\_

**Contact No:** \_\_\_\_\_

**Previous GP:** \_\_\_\_\_

**Weight:** \_\_\_\_\_ **Height:** \_\_\_\_\_

**Current medication (including over the counter medication)**

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**Past Medical History**

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**Past Surgical History**

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**Allergies**

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**Smoker**      Yes / No

**Alcohol**      Yes / No

**Family history**

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**Where did you hear about us?**

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## **Patient consent for processing of health data**

To assist with your care, we at Rialto Medical need to collect personal data about you.

This information will include details of your health and your treatments.

We may also need to record additional information that while may not seem to relate directly to your health, would help in our treatment of you. Examples of this kind of information would include things like your age, gender, marital status, number of children you have, your nationality, your employment status, religion, prison sentences. Our policy is only to collect and record information about you that helps in your treatment (*See [www.rialtomedical.ie](http://www.rialtomedical.ie) for complete practice policy*).

### **Declaration**

- I understand my health information will be seen or shared only with medical and administrative staff involved in my care or where Rialto Medical Centre is required to do so by law.
- I understand that for the purposes of my treatment administrative staff may have to access my health data. Reasons for this access would include the re-issuance of prescriptions, the opening of letters and recording of information from hospitals about me, downloading and saving in my file, results from laboratories, typing of letters to hospitals and other similar health related issues.
- I understand that all rialto Medical Centre staff sign a confidentiality agreement that binds them not to disclose my details to any unauthorised persons not involved in my care.
- I understand that my health data will be stored primarily on a secure database operated by a specialist company called Clanwilliam Health and I understand that Clanwilliam Health are only allowed process my health data under Rialto Medical Centre instructions.

- I understand the law provides that in certain instances, personal health information can be disclosed. e.g., in the case of some infectious diseases.
- I understand that Rialto Medical Centre will only release information to, for instance solicitors or insurance companies at my express request.
- I understand that I can withdraw consent for processing of my personal health data at any time.

I \_\_\_\_\_ thereby freely consent for Rialto Medical Centre to process my personal data including health information for the purpose of my ongoing health care treatment in accordance with what I understand above.

\_\_\_\_\_  
Signed: Patient/Guardian

\_\_\_\_\_  
Date of Birth

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

**(Email to [forms@rialtomedical.ie](mailto:forms@rialtomedical.ie))**