



DDoc, North Dublin GP Out of Hours Service  
**Deaf /Hard of Hearing Text Registration Form**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Mobile Number: \_\_\_\_\_

Dependent Children:	
Name	Date of Birth
_____	_____
_____	_____
_____	_____

Private  Medical Card

Medical Card Number \_\_\_\_\_

Next of Kin/Neighbours Tel Number (Hearing): \_\_\_\_\_

Medication: _____ _____ _____ _____
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Allergies: _____ _____ _____ _____
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GP's name and Surgery Address: \_\_\_\_\_

Past Medical History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nearest DDoc Centre: Ballymun  Swords  Coolock  Hartstown  North Strand   
(Please tick appropriate box)

Directions to house where relevant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you live alone? Yes  No

Do you have transport? Yes  No

Signed: \_\_\_\_\_

Return completed form [via post](#) to Mary Burke Nurse Manager, Caredoc  
St Dymphna's Hospital, Athy Road Carlow [or Fax](#) to 059-9133968