



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: _____<br>_____<br>_____<br>_____ |
|--|

|   |
|---|
| Allergies: _____<br>_____<br>_____<br>_____ |
|---|

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 email; [info@cairedoc.ie](mailto:info@cairedoc.ie) Via fax; (059) 9133968  
Via post; Nurse Manager, Caredoc, St Dymphna's Hospital, Athy Road Carlow