Abbeylands Medical
General and Family Practice

Abbeylands Medical,
Clane, Co Kildare.
Tel. 045 838 496
Fax. 045 838 519
www.abbeylandsmedical.ie
info@abbeylandsmedical.ie

Patient (Adult) Registration Form

First Name(s): ..... Surname: .....

Maiden Name: ..... Title: ..... Sex: M/ F

Date of Birth: ...../...../..... Occupation: .....

Address:.....

.....

Contact No: ..... (Mobile):.....

Email Address: .....

Consent to Text Yes ☐ No ☐

Children _____

_____

Address: _____

_____

_____

Date: _____ Mobile Phone number: _____

I consent to receive text messages from Abbeylands Medical. These will include:

- Appointment/Recall reminders
- Results of laboratory/radiology investigations and follow up requests
- Information regarding screening and state health promotion programmes

I agree to inform Abbeylands Medical of any change in my mobile number and contact details.

I confirm that the above contact details are correct

Signature: _____ Date: _____

ALL INFORMATION WILL BE TREATED IN STRICTEST CONFIDENCE