



Medical Card/GP Visit Card Change of General Practitioner (GP) Form

The steps are:

- Carefully fill in all items required on this form.
- Bring the form to your new GP to complete the 'Acceptance of Eligible Person' section
- Return completed form to the National Medical Card Unit using one of the options below:

Email: NMCU.COD@hse.ie

Post: Client Registration Unit, PO Box 11745, Finglas, Dublin 11

APPLICATION TO CHANGE GP

I wish to change my choice of GP under the Medical Card/GP Visit Card Scheme.

Name:	
Address:	
Date of Birth:	
PPSN:	
Medical Card Number:	

I wish to choose the GP detailed below to be my General Practitioner of General Medical Services.

GP Name:	
GP Address:	

Are ALL members of your family changing to the new GP?

Yes:

No:

If No, please specify the names and PPSN of the family members that wish to change to this new GP:

1.	Name:	PPSN:
2.	Name:	PPSN:
3.	Name:	PPSN:
4.	Name:	PPSN:

Please arrange to transfer me (and my dependent(s) if appropriate) to the panel of the GP who has signed the "Acceptance of Eligible Person" section of this form.

Signature:		Date:	
-------------------	--	--------------	--

ACCEPTANCE OF ELIGIBLE PERSON - To be completed by GP

I agree to provide General Medical Services (GMS) to the above named (and/or their dependents) in accordance with my agreement with the HSE for the provision of services under Section 58 of the Health Act 1970 and Health Amendment Act 2005.

GP Signature:	
GMS Registered Number:	
Date:	

Official GMS stamp