

## Deaf / Hard of Hearing and Speech Impaired Registration Form

**Name:** -----

**Address:** -----

-----

-----

**Eircode:** -----

**Date of Birth:** -----

**Mobile Number:** -----

**PPS Number:** -----

**Private:**  **Medical Card:**  **Medical Card Number:** -----

**Alternative No:** -----  
**(Hearing)**

**GP's Name and Surgery Address:** -----

-----

**Medications:** -----

**Allergies:** -----

**Past Medical History:** -----

**Nearest Treatment Centre:** -----

**Any other information:** -----

-----

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

**Return completed form via post to SouthDoc HQ, Floors 2&3 Hilliard House, High Street, Killarney, Co Kerry V93 K0DN  
Telephone 064 66 91974**

*This document will be used only for the purpose of providing the above details to SouthDoc. Once this information is uploaded to the SouthDoc database this document will not be retained on file and will be destroyed in line with GDPR Regulations 2018. The processing of this information comes within the remit of Article 6 (1)*