



# GP Visit Card

Over 70

# Registration Form

Complete all three parts of this form.  
Please complete in CAPITAL letters  
and place a tick (✓) where appropriate  
in the single boxes provided.

**FOR OFFICIAL USE ONLY**

Reference number:

Date received:

## Part 1A Personal details (single applicant or joint applicants if applicable)

	First name:	Surname:	Date of birth: (ddmm/yyyy)							Gender: (Please tick)	PPS number:							
Applicant 1			D	D	M	M	Y	Y	Y	<input type="checkbox"/> M	<input type="checkbox"/> F							
Applicant 2 (spouse or partner if applicable)			D	D	M	M	Y	Y	Y	<input type="checkbox"/> M	<input type="checkbox"/> F							

## Part 1B Contact details

**Address:**

Mobile phone:  -

Please tick this box to accept SMS (text message) from the HSE. You may receive updates on the progress of your application.

Home telephone:

Email address:

## Part 1C Residency

I confirm that I live or intend to live in Ireland for at least 1 year. Yes  No

## Part 2A GP of choice: Applicant 1

**Please ask your family doctor (GP) of choice to complete this section of the form.**

You can find a list of GPs taking part in the scheme at [www.gpvisitcard.ie](http://www.gpvisitcard.ie) or phone 0818 22 44 78. If your spouse or partner (if applicable) attends a separate GP, they will need to complete section 2B below.

GP name:


Practice address:

GMS number:

I agree to provide medical services to the person named on this form.

Signature of GP:

GMS stamp here:

## Part 2B GP of choice: Spouse or partner

**Please ask your GP of choice to complete this section of the form.**

You can find a list of GPs taking part in the scheme at [www.gpvisitcard.ie](http://www.gpvisitcard.ie) or phone 0818 22 44 78.

GP name:

Practice address:

I agree to provide medical services to the person named on this form.

Signature of GP:

GMS stamp here:

## Part 3 Declaration and consent

Before completing this part of the form, please read the following important information carefully. It explains what it means when you give us information for your registration. Sign below where shown if you agree with the information on this page - and add the date.

By law, anyone who deliberately gives false information on this form, or who deliberately withholds information relevant to an assessment of eligibility for a GP Visit Card, could face a fine, imprisonment or both.

Also, by law, anyone who does not tell the HSE about a change in their circumstances that could affect their eligibility for a GP Visit Card could face a fine. Where appropriate, the HSE has the right to review and modify GP Visit Card eligibility status at any time.

Please read each of the following statements. If you agree with them, please complete and sign or mark the form below.

### Statements:

- I/We declare that I/We are ordinarily resident in Ireland. 'Ordinarily resident' means that you are living in Ireland or intend to live here for more than one year.
- I/We apply for a GP Visit Card.
- I/We declare that the information given as part of this registration is correct to the best of my/our knowledge.
- I/We agree to tell the HSE immediately of any changes that may affect my/our eligibility for health services.
- I/We agree that the HSE, when assessing eligibility, may contact other government departments including the Department of Social Protection and Revenue to confirm the information that I/we have given.
- I/We agree for a HSE PCRS doctor to contact GPs or other doctors or other health professionals involved in the care of people named on this registration for further information relevant to this registration. (PCRS stands for Primary Care Reimbursement Service, which is the service responsible for the Over 70s GP Visit Card scheme.)
- I/We agree to inform the Eligibility Unit of any change in address or other personal data so that the HSE can keep my/our personal data accurate and up to date.
- I/We agree that if I/We share information with the HSE that identifies a person who may be at risk of suffering abuse or harm, the HSE may contact other relevant services to ensure your/their safety.

Please sign here:

\_\_\_\_\_

Date:

D	D	M	M	Y	Y	Y	Y
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If you are not able to sign, your mark should be made below. Place your mark here:

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## Help and information

### Who can register for an Over 70s GP Visit Card?

Any person aged over 70, who lives or intends to live in the Republic of Ireland for at least one year can apply for an Over 70s GP Visit Card. Ordinarily resident means that you are living here or intend to live here for at least one year.

### What details are needed to complete this form?

Complete **all parts** of this form.

1. Your details and your spouse or partner's details
2. GP of choice

### Please sign and return this form to:

Eligibility Unit, Over 70s GP Visit Card Scheme, PO Box 11745, Dublin 11.

### I already have a Medical Card or GP Visit Card. Do I need to fill in this form?

If you (or your spouse or partner) already have a Medical Card or a GP Visit Card, you do not need to complete this form as GP services are already provided under the GMS scheme.

### I have applied for a Medical Card or GP Visit Card – should I also fill in this form?

No. If you are aged over 70 and have already applied for a Medical Card or a GP Visit Card, we will assess your application for one of those cards. If you are eligible for a Medical Card or a GP Visit Card, you will receive your card. If your application is unsuccessful, you (and your spouse/partner) will automatically receive an Over 70s GP Visit Card.

## Checklist

- Have you completed your details, including your contact details?
- Have you completed your spouse or partner's details, if applicable?
- Has your GP of choice (and your spouse/partner's GP of choice) signed and stamped the form?
- Have you read the declaration and signed it?

If you have any questions before you send this form, call **0818 22 44 78**.

### Please send your completed form to:

**Eligibility Unit**  
**Over 70s GP Visit Card Scheme**  
**PO Box 11745**  
**Dublin 11**

or by email to: [pcrs.applications@hse.ie](mailto:pcrs.applications@hse.ie)

If you are emailing your form, you can send photos or scans of each page of your form, ensuring all details are visible.

We look forward to processing your registration as quickly as we can.

### Data Protection and Freedom of Information Notice

Anonymised data may be disclosed to other bodies for the purpose of providing a health service. Any disclosure will be in accordance with the laws relating to proper treatment of data.