



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

The steps are:

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

**Email:** [NMCU.COD@hse.ie](mailto: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.**

<b>Name:</b>	
<b>Address:</b>	
<b>Date of Birth:</b>	
<b>PPSN:</b>	
<b>Medical Card Number:</b>	

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

<b>GP Name:</b>	
<b>GP Address:</b>	

**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:**

<b>1.</b>	<b>Name:</b>	<b>PPSN:</b>
<b>2.</b>	<b>Name:</b>	<b>PPSN:</b>
<b>3.</b>	<b>Name:</b>	<b>PPSN:</b>
<b>4.</b>	<b>Name:</b>	<b>PPSN:</b>

**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.**

<b>Signature:</b>		<b>Date:</b>	
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## 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.

<b>GP Signature:</b>	
<b>GMS Registered Number:</b>	
<b>Date:</b>	

**Official GMS stamp**