



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

Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

### The steps are:

1. Carefully fill in all sections on this form
2. Bring the form to the GP of your choice to complete the 'Acceptance of Eligible Person' section
3. Post the completed form to:  
**Client Registration Unit, PO Box 11745, Dublin 11.** LoCall: **0818 224 478**
4. On receipt of your completed form, your Change of GP request will be processed and a replacement Medical Card(s) or GP Visit Card(s) will be issued to you and your family.

## APPLICATION TO CHANGE GP

I wish to change my choice of GP under the Medical Card/GP Visit Card Scheme. Please arrange to transfer me and all family members listed below to the panel of Dr \_\_\_\_\_, who has signed the 'Acceptance of Eligible Persons' section of this form.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**PPS No:** \_\_\_\_\_

**Medical Card No:** \_\_\_\_\_

List all family members that wish to change to Dr: \_\_\_\_\_ (name)

1. \_\_\_\_\_ PPS No: \_\_\_\_\_
2. \_\_\_\_\_ PPS No: \_\_\_\_\_
3. \_\_\_\_\_ PPS No: \_\_\_\_\_
4. \_\_\_\_\_ PPS No: \_\_\_\_\_
5. \_\_\_\_\_ PPS No: \_\_\_\_\_
6. \_\_\_\_\_ PPS No: \_\_\_\_\_
7. \_\_\_\_\_ PPS No: \_\_\_\_\_

I confirm that I am authorised to make application for a Change of GP on behalf of all persons listed above and I do so with their knowledge and consent

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ACCEPTANCE OF ELIGIBLE PERSON – To be completed by GP**

I agree to provide General Medical Services (GMS) to all persons listed 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.

Signed:  (General Practitioner)

GMS Registered No.:

Date:

**Please place official GMS stamp here**

For official use only

Distance Code:  Change Approved (Signed):

**Date:**