DPS EMERGENCY REGISTRATION FORM

Address of Applicant/Family:	Previous address if changed in last five years:
Telephone Area Code: Telephone Number:	

Do you currently hold a DPS card YES ☐ NO ☐

If yes, please state with which HSE Area
(Formerly known as Health Board)

Enter existing Card Number
(this number is in Bold print on the centre of your DPS Card)

THIS SHOULD BE COMPLETED NOMINATING THE HEAD OF HOUSEHOLD (WHO MUST BE AN ADULT)

	SURNAME	FIRST NAME	PPS Number	Gender (M/F)	Date of Birth (DDMMYY)	Dependant in Continuing Education (Y/N)
Head of Household						
Spouse/Partner						
Dependant						Y ☐ N ☐
Dependant						Y ☐ N ☐
Dependant						Y ☐ N ☐
Dependant						Y ☐ N ☐
Dependant						Y ☐ N ☐
Dependant						Y ☐ N ☐
Dependant						Y ☐ N ☐
Dependant						Y ☐ N ☐

PHARMACY SECTION

High Tech ☐

Medical Card Withdrawn ☐

Expensive Medication ☐

PHARMACY STAMP

GMS No. _____

Signature of Applicant: _____ *Date:* _____

FORWARD COMPLETED APPLICATION TO THE DRUGS PAYMENTS SCHEME SECTION OF THE APPROPRIATE COMMUNITY CARE OFFICE

For HSE Official Use: HSE Area Ref: ☐☐ Administrative Area Code: ☐☐ District Electoral Division: ☐☐☐☐