



**Phone:** 091 747700 (*office hours only*);  
0818 360 000 (*Out of Hours*)  
**Fax:** 091 747777; **Email:** [info@westdoc.ie](mailto:info@westdoc.ie)

### **Deaf /Hard of Hearing Application Form**

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

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

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

**Mobile Number:** \_\_\_\_\_

**Private**  **Medical Card**  **Medical Card Number:** \_\_\_\_\_

**Next of Kin/Neighbours contact number:** \_\_\_\_\_ (*Hearing*)

**Dependent(s) (name and DOB):** \_\_\_\_\_

**G.P's name and Surgery Address:** \_\_\_\_\_

\_\_\_\_\_

**Medications:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Past Medical History:** \_\_\_\_\_

\_\_\_\_\_

**Directions to house / Eircode:** \_\_\_\_\_

**Do you live alone?** Yes  No

**Do you have transport?** Yes  No

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

*Return completed form by post to Call Centre Nurse Manager, Westdoc, Unit 18, Liosban Business Park, Tuam Road, Galway, H91 FW13, or by email to [info@westdoc.ie](mailto:info@westdoc.ie) (mark email 'FAO Call Centre Nurse Manager')*