

The Waiting List Initiative

Patient Enquiry Form

Patient Details

First Name: _____

Surname: _____

Date of Birth: _____

Address Line 1: _____

Address Line 2: _____

City: _____

Eircode/Postcode: _____

Telephone Number: _____

Email Address: _____

GP Information

GP Name: _____

Practice Name: _____

Residency

Are you a resident of Northern Ireland or the Republic of Ireland?

Do you have a PPS number? *(Applicable to Rol residents **only**)*

☐

Yes

☐

No

Surgery Enquiry

What surgery are you enquiring about?

How long have you been on a surgical waiting list?

Referral Awareness

Where did you hear about Medinet?

Are you aware of the Cross-Border Directive (CBD) offer?

Contact Preferences

Preferred Contact Method (Phone / Email / SMS / WhatsApp) :

Preferred Contact Time:

Contact us to find out more



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