

“Out of Area” Registration Form



YOUR ADDRESS IS NOT WITHIN OUR PRACTICE BOUNDARY

THE PRACTICE WILL NOT BE ABLE TO VISIT YOU AT HOME SHOULD YOU BECOME TOO UNWELL TO ATTEND THE SURGERY.

NOTE: If you are likely to need home visits due to any known medical condition YOU MUST REGISTER with a local GP Service who can provide a home visiting service and not as an out of area patient. If you become in need of home visits in the future you will need to register with a local practice that covers your address.

****PLEASE FILL OUT ONE FORM PER PERSON ****

I accept that I am applying to register as an “Out of Area” patient and understand that I will contact 111 if I need to arrange a home visit.

PRINT NAME:..... NHS Number:.....

Signed:..... Date:.....

**Also on behalf of:
(if registering dependants under the age of 16 at same address – ALL adults use separate form)**

Full Name:	Date of Birth:
New Address and postcode:	

*For office use: OOAR code added as Home GP and in comments
XaZ4g added to patient records and symbol showing on records*

Completed (initials and date):