

BARNSBURY MEDICAL PRACTICE
OUT OF AREA REGISTRATION FORM

By completing the OAA registration form, you agree to the out of area exceptions and restrictions, and you may be asked to register to a GP surgery closer to your home address that would provide you with suitable and unrestrictive care according to your needs.

Your registration is not guaranteed to be accepted and the practice will be unable to provide you with home visits.

You agree that you will not be eligible for:

- 1) Urgent GP or nurse appointments, and may need to contact local urgent care services including 111
- 2) Home visits

I understand and would like to register:

First Name:

Surname:

Date of Birth:

- 1) Why would you like to register as an out of area patient with our practice?
- 2) How often do you stay or visit our practice area and why?
- 3) Are you wanting to register on your own, or do you have family members who need to register? (We would require separate forms for each family member)
- 4) Are you completing this form on behalf of...
- 5) Have you registered for General Medical Services in the UK before?
 - a. Yes, I have previously registered at a GP Practice in the UK and I have an NHS Number.
 - b. No, this is my first time registering.
- 6) Town and Country of Birth

Please send the completed form to: Barnsbury.MedicalPractice@nhs.net