



**CHANGE OF NAME/ADDRESS FORM**

This form must be completed in full and signed. Please ensure you provide proof of address & photo ID.

1. Patient details			
<b>Full Name:</b>		<b>Date of birth:</b>	
<b>Tel:</b>		<b>Email:</b>	

2. Address	
<i>Old Address: (or name)</i>	Postcode:
<i>New Address: (or new Name)</i>	Postcode: Tel:

3. Children in the same family also requiring change of address			
<b>Full Name:</b>		<b>Date of birth:</b>	
<b>Full Name:</b>		<b>Date of birth:</b>	
<b>Full Name:</b>		<b>Date of birth:</b>	

- **I understand that if my new address is outside the surgery catchment area for Dr Bathla & Partners:**
  - I may be asked to register with another GP closer to my home address:
  - I request to remain on the surgery list for reasons stated below\* (please complete section 4)
  - I may not receive home visits from the GP surgery and community teams including: District Nurses, Community Matrons and Health Visitors.

<b>4. * My new address out of the surgery catchment area. Why do you wish to remain on the surgery list?</b>

Signature of applicant: ..... Date: .....

<b>For Office Use Only:</b>	Emis No: _____
Form Accepted by: Staff Name: _____	Date _____ Proof copied: Yes/No
Change of address: Accepted / Refused	
Completed by: _____	Name: _____ Date: _____