

**Rushall Medical Centre**

 **107 Lichfield Road**

**Rushall, Walsall**

**WS4 1HB**

**Telephone: 01922 622212**

**Fax: 01922 637015**

**Pelsall Village Centre**

**High Street**

**Pelsall, Walsall**

**WS3 4LX**

**Telephone: 01922 622212**

**Fax: 01922 603675**

**Out of Area**

**Request to remain Registered with Rushall Medical Centre**

|  |  |
| --- | --- |
| **Patient Full Name** |  |
| **Date of Birth** |  |
| **Address** | Post code  |
| **Previous Address** | Post code |
| **Patient Email Address** |  |
| **Patient Home Telephone No.** |  |
| **Patient Mobile Telephone No.** |  |

I currently reside outside the practice area, but within Walsall CCG, and wish to remain on the practice patient list.

**Home Visits** I understand and acknowledge that I will not be eligible to request or will be granted a home visit as I reside outside the practice area.

**Community Services** I understand and acknowledge community services may be restricted and affected by this decision. Community services are often linked to the practice areas, should you need to access these services you may need to register with a local GP. (e.g. health visitors, midwife, district nursing team, community matron).

**Deteriorating Medical Conditions** – I understand and acknowledge thatshould my medical condition deteriorate that it may be necessary to register elsewhere in order to receive the support and care that would be needed.

**Chronic Conditions –** I understand that if I suffer with any chronic conditions I will attend for all of my monitoring appointments when requested by the practice.

|  |  |
| --- | --- |
| **Patients Signature**  |  |
| **Date**  |  |

|  |  |
| --- | --- |
| **Request Approved**  |  |
| **Request Declined**  |  |

**Approval** the practice reserves the right to alter its decision for you to remain on the practice list of registered patients. In these circumstances you will be given 30 days to find an alternative GP provider.