



The Neville Family Medical Centre
25 Old Market Street, Blackley, Manchester, M9 8DX
Tel: 0161 721 4865 | Website: www.nevillefmc.com

Dear Patient

Re: Out of Area Registrations

As your home address is outside of our Practice area, under normal circumstances we would be unable to continue providing you with primary medical care services. However we have considered your request and agreed to accept your registration as an 'out of area' registered patient.

It is, however important, that you understand that out of area registration is voluntary for GP Practices meaning we are not required or under any obligation to provide you with a home visit.

You may on occasion, develop an urgent illness or injury at home which would prevent you from attending the Practice for an appointment. In that situation, we would ask that you contact the Practice in the first instance. If we determine you need a home visit we may direct you to the local service that has been established for "out of area" patients. This local service could be a GP Practice near to where you live, the local walk-in centre, or A&E.

If in the future, your health needs change, or your medical records indicate that it would be in the best interest of your health to be cared for by a Practice more local to you, we may review your registration and advise you that it would be more appropriate for you to be registered with a GP Practice closer to your home.

Once you have had time to review the information provided in this letter, if you feel that your general health is good and you still wish to remain registered with the Practice as an Out of Area patient, please sign below and return it to us.

Yours sincerely

M T Neville
Managing Partner

I, have read the terms of the Out of Area registrations and would like to remain registered at the Practice as an Out of Area patient. I understand that you are under no obligation to do a home visit, and in this instance I may be re-directed to another service provider.

Should my health ever require community health services that will not perform the required service to me at my home address, I understand that it may be necessary to register at a GP Practice near to my address at that point.

Signed:

Date:.....