

St George's Medical Centre

Dr M Bolina MBChB, MRCGP, DFFP, CIDC
 Dr S Haridas MBBS, MRCS, MRCGP, FRACGP
 Dr F Haque MBBS, MRCGP
 Dr M F T Stephens MB, ChB, MRCGP
 Dr C Diston MA, MB, BChir, MRCGP, DFRH
 Dr Z Hutchinson MBChB, MRCGP, DFRH

Parsons Lane Littleport Ely
 Cambs CB6 1JU

Tel: 01353 864100
 Fax: 01353 864171

Change to an Out of Area Address

New arrangements introduced from January 2015 give people greater choice when choosing a GP practice. The new arrangements mean GP practices now have the option to register patients who live outside the practice area but without any obligation to provide home visits. Out of area registration is voluntary for GP practices meaning your registration may be refused because you live outside of the catchment area.

All applications will be considered but we will only register you (without home visits) if it is clinically appropriate and practical in your individual case. If your request is accepted, you will attend the practice and receive the full range of services provided as normal at the surgery.

If you have an urgent care need and the surgery cannot help you at home we may ask you to call NHS 111 and they will put you in touch with a local service.

We may decide that it is not in your best interests or practical for you to be registered in this way or if you are accepted but your health needs change we may review your registration to see if it would be more appropriate for you to be registered with a GP practice closer to your home.

Your details:

Mr	Mrs	Miss	Ms	Other	Surname	Forename (s)
Old Address				New Address		
				Home Telephone Number		
				Mobile Telephone Number		
				Date of Birth		

(Please complete the reverse of this form for other family members, sign and return to the surgery.)

Please complete details of all the people moving to the out of area address.

Surname	Forenames	Date of Birth

I understand and agree that the medical records of all the people named on this application form, will be configured to SHARE information with and from other NHS organisations.

Signed Print Name.....

Date:

For surgery use only:

Application reviewed on

Patient and family accepted Yes No

Patient informed of decision by letter Yes No

Coded "Registered patient lives outside practice area" XaZ4g. Yes No