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**OUT OF AREA PATIENT REGISTRATION**

**PLEASE READ AND SIGN BEFORE REGISTERING. THIS FORM MUST BE COMPLETED FOR ALL MEMBERS OF THE HOUSEHOLD.**

You have been given this form as the address you have given us lies outside our current Practice boundary. The new NHS England guidelines suggest that we as a practice may register you as an ‘Out of Area’ patient if we consider it to be clinically and practically appropriate.

Your registration request will be reviewed by our clinical team and processed accordingly. If the clinical team feel it is not appropriate for you to be registered with the Practice from your new home address you will receive a letter within two weeks suggesting you register with a practice closer to your home address.

For patients whose registered address is outside of our practice boundary, we are unable to offer home visits. Such patients who develop an urgent illness or injury at home are advised to contact their GP in the first instance. If we determine you need access to services local to where you live, we may ask you to call NHS 111 who will direct you to the local service that has been established by NHS England for patients such as you.

Please note the surgery will not be able to dispense any medication the Doctor may prescribe you if you live within a 1 mile radius of a chemist.

Full information on how to access NHS services if you live outside our catchment area can be found on our website. Alternatively it is available from the practice on request.

Please sign and date the form below. Your registration form cannot be accepted without a signed copy of this form.

Many thanks

I (patient name)…………………………………………………………………………………………………….. understand that my application to be registered with Elvington Medical Practice will be reviewed prior to acceptance, and that if accepted there may be restrictions to my registration.

Signed ………………………………………………………………………………….

Please tick here if the signatory is the parent/guardian/carer of the patient □

Date ………………………………..