

The Heron Medical Practice



Change of Address

Name

Date of Birth

Contact Number

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

New Address

Old Address

_____	_____
_____	_____
_____	_____
_____	_____

If the new address is outside our catchment area but you would like to stay registered with the practice this may be possible if deemed appropriate by the practice please read the information below and sign the declaration:

If you develop an urgent illness or injury at home that means attending the GP surgery as normal would not be appropriate, please contact the practice 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. In these circumstances NHS 111 will direct you to the local service that has been established by NHS England for patients such as you. This local service could be a GP practice near to where you live, the local walk-in or urgent care centre, A&E or minor injuries unit. This local service will then decide if you can attend for an urgent face to face appointment with a healthcare professional or if a home visit is needed which will be based on your individual circumstances.

I confirm I have read the Out of Area patients information and I am aware that the GP practice is not obligated to carry out home visits

Signed:.....

Print Name:.....

I am aware that if my health needs change the practice may advise it may be more appropriate for me to be registered with a GP closer to my home

Signed:.....

Print Name:.....