The Quarter Jack Surgery – Out of Area Registration *page 1*

All patients accepted as Out of Area Registrations will also need to complete a Registration Form and New Patient Questionnaire (existing patients will be deducted and re-registered).
Existing patients accepted as Outer Boundary Registrations will also need to complete a Change of Address form.

Date:	**Registered GP if existing patient**

Full name:	**Mr/Mrs/Miss/Ms**
Date of birth:	**Tel no:**
Mobile phone number:	
Address:	**For office use:** **Outer Boundary** □ **Out of Area** □

OTHER MEMBERS OF HOUSEHOLD WISHING TO REGISTER AT SAME ADDRESS:

Name	Date of birth	Relationship	Town of work/school

Do any household members **NOT** wish to register at The Quarter Jack Surgery?
Details:

GEOGRAPHICAL REASON TO REGISTER/REMAIN AT QJS

MEDICAL NEEDS – please list any long term conditions relating to any of the patients listed ie diabetes, asthma:

ARE YOU ON REPEAT MEDICATION?	**Yes** □ **No** □

Do you currently use our online service?	**Yes** □ **No** □
Would you like to continue/start using our online service?	**Yes** □ **No** □

Are any of the patients listed:

Waiting for an admission to hospital?	**Yes** □ **No** □
Under the care of District Nurse/ Health Visitor/Safeguarding Team	**Yes** □ **No** □
Pregnant?	**Yes** □ **No** □

Do any of the patients listed have any communication/information needs relating to disability, impairment or sensory loss? Please be specific.

CONSENT TO CONTACT PREVIOUS SURGERY (for patients not currently registered at QJS)

It is the policy of The Quarter Jack Surgery to contact your previous surgery for a clinical summary to assist our decision
Consent: YES □ NO □

GP……

SURGERY NAME AND ADDRESS……

……

SURGERY TELEPHONE……SURGERY FAX……..
All persons aged 16+ to sign below

DECLARATION OF UNDERSTANDING

I confirm I have received patient leaflet 'Out of Area Registration Guide' and understand my options to obtain urgent care if I am accepted as an *Out of Area* Registration.

I accept that if my situation changes in the future, I may be asked to register at a surgery closer to home.

All persons aged 16+ to sign below:

NAME	SIGNATURE	DATE

For office use:

GP assessment of medical needs and input required from other services/GP Telcon	
Agreed to accept within Outer Practice Boundary WITH clinically necessary home visits	
'XaDvP address instruction' code added	
Agreed to accept as Out of Area registration WITHOUT home visits	
At point of registration, 'OUT OF AREA REG' to be added to Comments field of Registration Details box	
'XaZ4g Registered patient lives outside practice area' code added 'OUT OF AREA REGISTRATION, NO HOME VISITS' to be added to notes field.	
Request declined	
Patient informed of decision and given explanation	
Process completed by	