Fremington Medical Centre

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Out of Area Consent Form
(Existing Patients)

Unfortunately, our practice area does not include your new address, and therefore we are unable to have you fully registered with us as a patient. We must restrict the practice area to ensure that we provide the highest level of care for all our patients, however your new address is too far from the practice for us to be able to guarantee the high standards of care to you without compromising care to patients who live within our practice area.

There is an option for you to apply to register at this practice as an 'Out of Area' patient. This means that you will still be able to attend the practice for appointments, but doctors and any other services like district nurses, hospices and visiting paramedics will not be able to visit you at home. However, should your health needs change and it is deemed it would be in your best interests, you may be asked to register at a practice local to you. This is to ensure you receive the best care to suit your needs.

To fully consider your options, you may wish to find details of doctors local to you at www.nhs.uk or by calling NHS 111.

Please confirm that you wish to go ahead with this registration by signing the form below.

Patient Details	
Full Name:	
Date of Birth:	
Home Address:	

Patient Declaration	
☐	I have read the terms of the 'Out of Area' registrations and would like to be 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 nearer to my address at that point.

Signed: _____ **Date:** _____