

Kingsteignton Medical Practice

The Surgery, Whiteway Road, Kingsteignton, Newton Abbot, Devon, TQ12 3HN Tel 01626 357080

Website: www.kingsteigntonmedicalpractice.co.uk

Email: enquiries.kingsteigntonmedicalpractice@nhs.net

OUT OF AREA REQUEST

You need to complete this form if your address is within the below areas, please select if applicable:

Abbotskerswell	<input type="checkbox"/>
Chudleigh	<input type="checkbox"/>
Milber	<input type="checkbox"/>
Coffinswell	<input type="checkbox"/>
Ogwell	<input type="checkbox"/>

Aller	<input type="checkbox"/>
Chudleigh Knighton	<input type="checkbox"/>
Netherton	<input type="checkbox"/>
Teignmouth	<input type="checkbox"/>

Buckland	<input type="checkbox"/>
Coombe-in-teignhead	<input type="checkbox"/>
Kingskerswell	<input type="checkbox"/>
Heathfield	<input type="checkbox"/>

Other (please specify):

Name:	Date of Birth:
Reason for the request to register as an out of area patient:	
Signature:	

I can confirm I have read the patient 'Out of Area Registration Guide'

I understand that the practice will only accept my request to register as an out of area patient if it is considered clinically appropriate. The practice will take into account my current health situation and needs when making the decision.

I understand that Kingsteignton Medical Practice can ask me to move to a practice near my home if my medical needs change.

I understand Kingsteignton Medical Practice can only provide medical services at the practice and will not be able to visit/provide services in my area unless it is a service that also covers the practice area.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

GP Signature:	Date:	ACCEPTED	DECLINED
		<input type="checkbox"/>	<input type="checkbox"/>
Additional Notes:			

ADMIN INITIALS:

DATE OF COMPLETION:

PLEASE SCAN TO NOTES