To be signed and posted into patient’s notes

Out of Area Registration (without home visit)

Who to Contact

We are registering you at Laindon Medical Group as an ‘out of area’ registered patient. We are aware that you live outside the practice area (catchment area) and, when we registered you, we would have explained that we are not required to provide you with any home visits.

You may, on occasion, develop an urgent illness or injury at home which would mean attending our surgery which would not be possible. In these circumstances, 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.

NHS 111 will direct you to the local service that has been established by NHS England for patients in this situation. 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.

If this is in the out-of-hours period when GP surgeries are normally closed, between 6:30pm and 8:30am weekdays and during weekends, NHS 111 will direct you to the local out-of-hours provider.

**I HAVE READ THE INFORMATION ABOVE AND UNDERSTAND THAT AS AN ‘OUT OF AREA’ REGISTERED PATIENT AT THE LAINDON MEDICAL GROUP YOU ARE NOT REQUIRED TO PROVIDE ANY HOME VISITS.**

FULL NAME ……………………………………………….. DOB ……………………………………

SIGNATURE ………………………………………………… DATE …………………………..……..

**PATIENT O.O.A APPLICATION FORM**

**REGISTERING DOCTOR ………………………………………………………..**

**FIRST and MIDDLE NAMES ………………………………………………….**

**SURNAME ……………………………………… DOB ………………………….**

**CONTACT DETAILS**

**MOBILE ...............................................................................**

**ADDRESS …………………………………………………………………………….**

**…………………………………………………….POST CODE …………………..**

**PLEASE STATE REASON FOR WANTING TO REGISTER WITH THIS PRACTICE AND NOT A PRACTICE IN YOUR CATCHMENT AREA.**

**……………………………………………………………………………………………**

**……………………………………………………………………………………………**

**……………………………………………………………………………………………**