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| In order to be considered as an ‘Out of Area’ Patient you must complete this form accurately, USING BLOCK CAPITALS. Once the Practice has reviewed your application it will advise you if your application has been accepted. Please find attached, for your information, a copy of the Practice’s ‘Out of Area’ policy.  If you have any questions or any difficulties completing any section of the form, please ask at Reception for assistance. |

**Patient Details**

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| Title (Mr/Mrs/Ms/Miss/Other: …………………………………………………… Male € Female €  Surname: ………………………………………………………… First Name(s)………………………………………………  Previous Surname(s) (if any): …………………………………………………………………………………………………  Date of Birth: ……/…..../…….. NHS No (if known) ……………………………   (day) (month) (year)  Address: ……………………………………………………………………………………………..    ………………………………………………………….…………………………  ………………………………………..Postcode: …………………………..  Telephone number: …………………………………………………………………. |
| Do you work in the vicinity of Hampstead Group Practice? Yes € No €  Name of Employer: ……………………………………………………………………………………………………………....  Address of Employer: …………………………………………………………………………………………………………….  …………………………………………………………… Post Code: …………………………….  Days and hours of work: ……………………………………………………………………………………………………….  If you **do not** live or work in the vicinity of Hampstead Group Practice, please indicate why you wish to have your registration considered? |