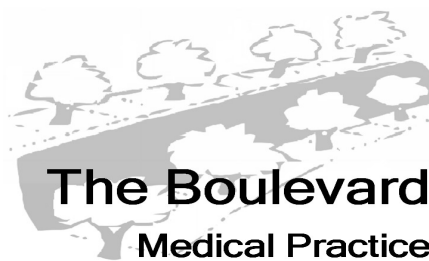


# “Out of Area” Registration Form



**YOUR ADDRESS IS NOT WITHIN OUR  
PRACTICE BOUNDARY**

**THE PRACTICE WILL NOT BE ABLE TO  
VISIT YOU AT HOME SHOULD YOU  
BECOME TOO UNWELL TO ATTEND THE  
SURGERY.**

**NOTE: If you are likely to need home visits due to any known medical condition  
YOU MUST REGISTER with a local GP Service who can provide a home visiting  
service and not as an out of area patient. If you become in need of home visits  
in the future you will need to register with a local practice that covers your  
address.**

I accept that I am applying to register as an “Out of Area” patient and understand that I will contact 111 if I need to arrange a home visit.

**Signed:**..... **Date:**.....

**PRINT NAME:**..... **NHS Number:**.....

**Also on behalf of:**  
**(if registering dependants under the age of 16 at same address – ALL adults use separate form)**

Full Name	Date of Birth

*For office use: OOAR code added as Home GP and in comments  
XaZ4g added to patient records and symbol showing on records*

*Completed (initials and date):*