

Out Of Area Patient Questionnaire

You have applied to join our list as an out-of-area patient. This means ***you will not be eligible for home visits from the surgery.*** It is also likely that you will no longer be eligible for other visiting services such as the district nurses, community midwives, community matron or other domiciliary services should they ever be required.

To register as an Out Of Area Patient you must fully understand the implications and if you have any concerns or doubts that this will be suitable for you, you should register at another practice close to your home address.

Before we can accept you as an out of area patient, we have a responsibility to you to ensure it is clinically safe and appropriate to do so. This means we have to be sure you are not likely to require a home visit or use of a domiciliary service in the near future. Therefore we require you to provide us with the following information:

Name: *Date of Birth:*

1. Details of current GP (if moving from another surgery)

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2. Number of & reasons for home visits required in the past 12 months

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3. Details of any current medical problems

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4. A list of all current medications including doses. (include printed list if possible)

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5. Have you had a visit from a community service in the last 12 months? (eg midwife, health visitor, district nurse) If yes, please give details

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6. Do you have any reason to suspect you may require a visit from the doctor or a community service in the next 12 months? (eg a recent diagnosis of a serious illness, pregnant or trying to conceive) If yes, please give details

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