**OUT OF AREA REGISTRATION FORM REQUEST**

|  |  |
| --- | --- |
| **Name** |  |
| **Date of Birth** |  |
| **Contact number** |  |
| **Current Address** |  |
| **Previous Address** |  |

I confirm that I live in the borough of Haringey.

I confirm I am do not have children under the age of 5.

I confirm I am not involved with adult or child safeguarding

I confirm I do not need regular home visits as part of my healthcare

I have read the information about out of area registrations.

**I understand that my registration at The Muswell Hill Practice will NOT include home visits.**

I understand if my health circumstances change, I could be removed from the list in future. For example, if I am, or become housebound, have child or adult safeguarding concerns, or require regular home visits as part of my healthcare at my home address I will need to register at a more local GP surgery.

I understand I need to attend appointments on time and cancel in advance if I can’t attend. I accept that I may be asked to register locally if I am unable to do this.

Signed…………………………………………… Date………………………………..

If you are also requesting out of area registrations for your children, please fill in the below (use another form if more than 2 children).

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |

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| --- | --- |
| Name |  |
| Date of Birth |  |