THE DOWNLAND PRACTICE



Website: www.downlandpractice.nhs.uk

Request to Change Registered GP

The Downland Practice has a boundary area of 120 square miles. To ensure that patients can be given appropriate medical care in a timely manner the GP's cover a specific area across the Downland Practice Boundary. Patients who join the practice are allocated their GP according to location. If the GP list is larger than it should be then patients can be transferred to another GP with a smaller list size, this process balances out GP appointment waiting times. The practice will aim to reply to you within 20 working days of receipt of your request to change GP. Please fill out one form for each person who wishes to change GP.

| Patient Details | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|---|-------------------------|
| Surname | | |
| First Name | | |
| Date of Birth | | |
| Address | | |
| Telephone Number | | |
| Email Address | | |
| | | |
| Details of the GP you are registered with | | |
| GP Name | | |
| Details of the GP you would like to register with | | |
| GP Name | | |
| | • | |
| Please state the reason why you wish to change your current registered GP | | |
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| | | |
| | | |
| I confirm that I give permission for the practice to communicate with the person/people identified above in relation to my medical records. | | |
| Full Name | | edical records. |
| Signature | | |
| Signature | | Practice Administration |
| Current Registered GP Signature | | |
| New Registered GP Signature | | |
| Pass to Admin team once form complete | | |
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