

## Change of Name OR Address Form

**Please Note:** You are able to remain registered at our practice even if you live or have moved outside of our practice area. It is important that you are aware that we will no longer be able to visit you if you are unable to attend the practice. This may make it more difficult for you to access medical help when you are not well. It is not the responsibility of the practice to arrange for another doctor to visit you in these circumstances.

Should you wish to remain registered at the practice under these terms then please complete the attached form and return to us (can be emailed to [hillccg.carepoint@nhs.net](mailto:hillccg.carepoint@nhs.net)).

	Current Patient Information	Change of Information
Surname		
First Names		
Date of Birth		
Address		
Tel No.		

<b>I confirm that above change of name and/or address are true and correct to the best of my Knowledge.                  I understand that a false statement may disqualify me for benefits.</b>	
Signature	
Date	

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FOR OFFICE USE ONLY			
Date Received from patient		Initials	