BURTON LATIMER MEDICAL CENTRE

Higham Road, Burton Latimer, Northants, NN15 5PU

01536 723566

[www.burtonlatimermedicalcentre.co.uk](http://www.burtonlatimermedicalcentre.co.uk)

**PATIENT CHANGE OF ADDRESS FORM**

*Please complete this form for* ***all patients*** *who are changing address.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title | Forename | Surname | Date of Birth | NHS Number |
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| --- | --- |
| Old Address | New Address |
|  |  |
| Post Code: | Post Code: |
| Home Telephone Number: | Home Telephone Number: |
| Mobile Number: | Mobile Number: |
| Email Address: | Email Address: |

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| If you are awaiting referral to the hospital or undergoing treatment with a consultant it is YOUR  responsibility to notify the hospital of your change of address.  Telling us WILL NOT inform the hospital.  Failure to do this may result in a delay of your treatment. |

I can confirm I have been advised that I no longer live within the surgery boundary and I will be deducted from the Practice in days. I now have to seek an alternative GP Practice **(Only sign if applicable)**

Surgery Boundary:- **Barton Seagrave, Burton Latimer, Broughton, Cranford, Finedon, Irthlingborough, Isham, Great Addington, Little Addington, Great Harrowden, Little Harrowden, Orlingbury, Pytchley, Twywell, Woodford**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PATIENT CHANGE OF NAME FORM**

*Please complete this form for* ***all patients*** *who are changing their name.*

Please fill in the boxes below your previous name.

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| --- | --- | --- | --- |
| Title | Forename (s) | Surname | Date of Birth |
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Please fill in the boxes below your new and current name.

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| --- | --- | --- | --- |
| Title | Forename (s) | Surname | Date of Birth |
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Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| If you are awaiting referral to the hospital or undergoing treatment with a consultant it is YOUR  responsibility to notify the hospital of your change of name.  Telling us WILL NOT inform the hospital.  Failure to do this may result in a delay of your treatment |