Wimbledon Medical Practice

79 Pelham Road, Wimbledon, London, SW19 1NX Drs. Sharifi, Gangaprasad, Kabir & Jayanthan

Notice of change of Address / Name

Mr/Mrs/Miss Current Name (In full)					
Former Name	•••	Date o	of birth	•••••	
DO YOU CONSENT TO RECEIVE TEXT	MESSA	GES FROM THE	PRACTICE	YES/NO	0
Date Signed	•••••	·····			
Old Address		New Address			
Postcode		Postcode			
		Tel Number			
Additional household members who are regin	stered at ti	he Practice			
Name	Date of B	irth	Telephone Number		
Thank you for informing us of your change of address. If this is outside our normal catchment area you may be able to continue to be registered with us, however if you needed a home visit we would not be able to visit you or your family at this address. If this situation arose you would need to contact 111 for help and advice. Please consider carefully if this is outside our normal area as in the event of you becoming dependant on community services eg; District Nursing, Health Visiting or Midwifery services at any time in the future, you will need to access them from your place of residence. In these circumstances you would be required to register with a local GP to be able to access your local services.					
If you fully understand the implications and are still happy to stay registered at this practice please sign below. Alternatively to access details of local GPs in your new area you can find these via the NHS Choices website or call the Primary Care Support Service on: 0300 3112233 and they can provide you with a list of local GP practices.					
If you do not hear from us the doctor has agreed for you to remain registered at the Practice.					
If my address is outside the Practice catchmer be made by the GPs at Wimbledon Medical P Patient/Parent/Guardian Signature	ractice and	l will contact 111 i		seen at hom	
Doctors to complete					
I accept/ Do not accept the person(s) mentioned in respect of the new address					
Doctors Signature					

Practice Letters: Forms/Change of Address