

Application to seek treatment at a GP Practice as an Out of Area Non-registered Patient (Day Patient)

You can use this form:

- to apply to a GP practice participating in the Patient Choice Scheme to be treated as an Out of Area Non-registered Patient (Day Patient) - if you are staying in an area for less than 24 hours and seeking routine treatment
- on behalf of someone else, if you are authorised to do so.

Please complete, in BLOCK CAPITALS, all the sections as fully as you can.

We record the information to help give you the care and treatment you need in the practice and in the wider NHS. When you complete this form and hand it to the practice they will give you a leaflet explaining their obligations and your rights under the Data Protection Act 1998 or you can visit www.informationcommissioner.gov.uk

Because this is a pilot scheme, we want to find out how it is working. You may be contacted by an independent researcher and asked for your views in confidence. You do not have to take part in this, but it would be very helpful if you agree to do so, to enable us to judge whether this is the right way to improve choice for patients.

Please tick this box if you do not wish to be contacted by the independent researcher

If you are not clear or have any difficulties in filling in any parts of this form, then please ask for help from a member of staff at the practice.

It may also help your application if you provide any form of identification, which should give your address, when you submit this form. However, you do not have to do this.

Please start filling in this form by indicating below whether you are making this application for yourself or on behalf of another person:

- I am making this application for myself; or
 I am making this application on behalf of another person

Name, Address & Date of Birth , details of current GP practice and NHS number

Mr Mrs Miss Ms Other - please state.....
 Male Female
Surname or Family Name:
First Name(s):
Name you are known as (if different from above):.....
Current Address:.....
.....Postcode
Date of Birth: __/__/____

Are you currently registered with another GP practice in the UK?

– Yes, please provide details:

Practice's or Doctor's name Their Address.....Postcode.....

or

– No

NHS number: _____ (if known)

I declare that the information I have provided is true to the best of my knowledge.

Signature:.....PRINT:..... Date: __/__/____

or

Signature on behalf of an applicant:..... PRINT:.....Relationship to Applicant:..... Date: __/__/____
--

Guidance note

The details we are requesting here are essential for an application to be processed. Please complete this section in full to the best of your ability, and sign as appropriate.

If you are registered at another practice, details of your treatment received as an Out of Area Non-registered Patient (Day Patient) will be passed on to them. This will only be possible where you have provided details of your current practice

If you know it, please provide your /the applicant's NHS number, this will enable us to find any records the NHS may hold about you and will ensure that your records are kept up to date and that you can continue to receive the highest possible quality of care.

Your application is now complete and you may hand it in to the practice.

Section 2 - For practice use

I am willing to accept the applicant whose details appear below as an Out of Area Non-registered Patient (Day Patient).

- The 'patient information leaflet' has been given to the patient.*

Authorised signature (on behalf of the practice)

PRINT..... Date: __/__/__

Practice Stamp

Practice Organisational Code:

Details of treatment provided to the patient

- The patient provided documentary evidence in support of their application. Details are as follows:*

.....

Guidance note

This form can be used by a practice participating in the Patient Choice Scheme to make a claim for treating a person as an Out of Area Non-registered Patient (Day Patient).

Where possible, please encourage the patient to provide as many details as possible when completing Section 1.

Details of the treatment given to the patient should be included in the box provided.

When complete please submit to your PCT to make a claim and to ensure that details of the patient's treatment is passed on to their registered practice. Please also retain one copy of this form for your own records