

**Saint Vincent Medical Centre**

# 77 Thorne Road

**Doncaster**

**DN1 2ET**

**Tel 01302 361318**

**Fax 01302 366876**

**The Saint Vincent Practice**

**Out of Area scheme**

Dear Patient

We welcome patients who live out of our practice area, however, we are unable to provide home visits. Urgent care may also not be possible. If such care is needed you would need to ring 111 to arrange this.

The practices decision on whether to accept an out of area patient is based on the following considerations:

1. Whether there are clinical conditions or care needs which mean registration without the ability to do home visits would compromise clinical care and the patient’s needs would be better met through registration with a practice near to where they live.
2. There are practical reasons which mean the patient is unlikely to benefit from out of area registration with the practice, e.g. the patient is not spending frequent periods of time in or near the practice area where they wish to register.

The practice will review your application and inform you whether we can accept you as an ‘out of area patient’ within 21 working days.

**I would like to apply to register as an ‘Out of Area Registered Patient’ at Saint Vincent Practice. I understand The Saint Vincent Practice will not provide home visits or other urgent care to me when outside the practice area and where I am unable to attend the practice.**

**Full Name-----------------------------------------------------------------------------------------**

**Address-------------------------------------------------------------------------------------------**

**Date of Birth--------------------------------------**

**Signed------------------------------------------------Today’s Date---------------------------**

**----------------------------------------------------------------------------------------------------------------------------**

----------------------------------------------------------------------------------------------------------------------------

For office use only

Application accepted YES/NO DATE----------------------- INITIALS------------

Patient informed if application rejected YES/NO DATE----------------------- INITIALS------------