

Form 2

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OUT OF AREA REGISTRATION - PRE-SCREENING QUESTIONNAIRE

If you do not live in our practice area, we MAY still be able to register you but we would not be able to visit you at home, even in the event of an emergency. In order for us to consider your request to register please can you answer the questions below;

1. Are you **currently** registered at Queen Square? YES/NO
If No, please give details of current practice:

2. Would you have any difficulties in attending the practice for appointments or any other reason? YES/NO
3. Have you had TWO or more home visits in the last 12 months? YES/NO
4. Do you require access to community services?
Eg. District nurses, Long Term Conditions Team or Crisis team? YES/NO

We may contact your previous surgery to ensure you meet the criteria for this registration.
Are there any factors which you wish us to take into consideration when we process your request?

Please complete your details below so that we can write to you with our decision, please also include a contact telephone number in case we need any further information;

Full Name: _____

DOB: _____

Address: _____

Postcode: _____ Contact Tel No: _____

Signed: _____ Date: _____

We will write to you within 7 days with our decision. Tick to confirm you have read Form 1

Taken by: _____ Date: _____ Approved: YES/NO GP: _____