

Requesting a change of usual GP

Please complete the below section if you would like to change your usual GP.

Date Patient Name
Date of Birth.....
Present GP..... to New GP.....
(Optional) Reason for transfer:-

.....
Internal Use only

Current GP

(Optional) Reason for Transfer:-

.....
Accepting GP should check that they are happy to receive this patient

Signature of accepting GP

Date.....

Rejected reason
Pass back to requesting /
initiating GP or
inform patient (pass to secretary)

.....
Secretaries

Initials

Letter sent to patient

YES / NO

.....
IT Manager

Initials

Computer system changed

YES / NO