**DR. BHALLA & PARTNERS**

**247-251 Soho Road, Handsworth, Birmingham**

**B21 9RY. Tel: 0121 203 5100**

***CHANGE OF NAME / ADDRESS***

**Patient’s full name: ..................................................................................**

**Maiden Name: .........................................................................................**

**Date of Birth: ...........................................................................................**

**NHS Number: ...........................................................................................**

|  |  |
| --- | --- |
| **Old Address** | **New Address** |
| House No: | House No: |
|  |  |
|  |  |
| City:  | City:  |
| Post Code:  | Post Code:  |
| Phone No: | Phone No: |

**PLEASE NOTE:**

**OUR GP -PRCATICE OPERATES WITHIN A 3- MILE CATCHMENT AREA**

If your new home address is outside our 3-mile catchment area, you will be required to register with a GP practice closer to your new home address.

Staff member’s name …………………………………………………………………

Date …………………………………………………………………………………………