

# 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.....	
Address.....	
Present GP.....	to New GP.....
(Optional) Reason for transfer: -	

**ONCE COMPLETE - PASS TO PY**

**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