[**Kirpal Medical Practice**](https://www.bing.com/ck/a?!&&p=2e82e63306507474f5af9db95e8e36d40cfc31757726b2f207a3e90e35ec6d9bJmltdHM9MTc1ODA2NzIwMA&ptn=3&ver=2&hsh=4&fclid=0cbd80bf-b17b-679d-0c94-951eb0b06679&u=a1aHR0cHM6Ly93d3cuYmluZy5jb20vYWxpbmsvbGluaz91cmw9aHR0cHMlM2ElMmYlMmZraXJwYWxtZWRpY2FscHJhY3RpY2UuY28udWslMmYmc291cmNlPXNlcnAtbG9jYWwmaD1CTU9QaHYlMmJIbHl4QXphWkVHZm9rNndPJTJmMWVyUVZRYzFieXZDSkpNTFEwbyUzZCZwPWx3X2didCZpZz1FQTNDNzQ1MUQ1N0I0QTkyQUEyN0Y5QTU2QjA3NkU1RiZ5cGlkPVlORUU3RTE3NTE0MDc0RUU1Ng&ntb=1)

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

**B21 9RY. Tel: 0121 203 5040**

***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 …………………………………………………………………………………………