**BRAEHEAD MEDICAL PRACTICE**

**TEMPORARY RESIDENT FORM**

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| **Name:** | **Home Address: (not temporary address)** |
|  **DOB:** | **Home Telephone No:** |
| **Registered GP name:****Registered GP phone Number:** | **Registered GP Address:** |
| **How long are you staying in Renfrew:****Under 15 days / more than 15 days****(circle whichever applies)****Who are you staying with:** | **Address you are staying at in Renfrew:****Telephone number at this address:** |
| **List any medication you are currently taking:** | **List any illness we need to know about:** |
| **Why do you need to see a GP today?** |
| **A COPY OF THIS FORM AND CONSULTATION WILL BE FORWARDED TO YOUR REGISTERED GP FOR THEIR INFORMATION AND RECORDS.** |