

**National Health Service
Record of Treatment of Temporary Resident**

<p>To be completed by patient</p> <p>I am temporarily resident at the address shown below and I expect to remain in the district for (tick whichever is appropriate):</p> <p>Not more than 15 days from today <input type="checkbox"/></p> <p>More than 15 days from today <input type="checkbox"/></p> <p>But not more than 3 months from the date of my arrival</p> <p>Patient's signature</p> <p>Date</p>		<p>To be completed by doctor</p> <p>I have accepted the person named opposite as a Temporary Resident and have given treatment.</p> <p>Doctor's signature</p> <p>Date Code no</p> <p>Practice stamp</p>	
<p>Title – Mr / Mrs / Miss / Other</p>			
Surname		Forenames	
NHS Number		Date of Birth	
Temporary Address		Home Address	
<p>Contact Tel. Number:</p>			
<p>Name and address of doctor at home</p>			
Date	Clinical Notes		