Annex 5 B 3.2.21

Example Assignment Notification

To be completed for every assignment and then emailed to the practice to which the patient has been assigned and to the PCSS provider.

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| --- | --- |
| Date from which patient assignment effective: |  |
| Patient name: |  |
| Patient address: |  |
| Patient telephone numberHome:Mobile: |  |
| Date of birth: |  |
| NHS number (if known): |  |
| Name and address of current or most recent GP practice: |  |
| Reason for assignment: |  |
| Name of the Commissioner Representative completing assignment: |  |
| Commissioner Representative contact number: |  |
| Date: |  |