

Removal from list form

Please complete this form and add it to your **Appraisal and Revalidation portfolio**.

Describe the policy for removal of patients from your practice list.

Include sample letters in which you have explained to the patient the reason for their removal.

Removal is not encouraged.

Removal is not done at the whim of a single partner.

All those who change address to out-with agreed boundaries are automatically removed.

All violent patients are removed forthwith.

All other cases discussed at partner's meetings.

If agreed then patient written to by PM.

Name:

Signed:

Date: