

Change of Details

Details that we currently hold for you			
Title (Mr, Mrs, etc.)		Date of birth	
Forename(s)			
Surname			
Address			
New details - Only complete the sections that have changed			
Title			
Forename(s)			
Surname			
House name			
Number and Street			
Area			
Town or city			
Postcode			
Telephone number:	Mobile:	Home:	
By providing a mobile number you are agreeing to be contacted by text. To opt out of this service please tick here			

PATIENT DECLARATION			
<p>I confirm that, to the best of my knowledge, the information I have provided is accurate and correct. When your change of details is processed, we will check to see that you still live within our practice boundary. We will usually still accept your registration and offer our full services, with the exception of home visits. If a home visit is required then you would need to call 111 who may arrange for a local service to visit. If you have a serious medical condition, or develop one in the future which is likely to require home visits, we may feel that it is in your best interest to register with a practice closer to your home. We reserve the right to decline your registration on these grounds.</p>			
Print Name		Signature	
If applicable do you consent to the practice keeping a copy of the evidence on file?			Y / N

For office use only			
Evidence seen e.g. marriage certificate etc. Please state which evidence seen.		Staff Initials	