



# Change of Details Form



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[www.oakhillmedicalpractice.co.uk](http://www.oakhillmedicalpractice.co.uk)

**In order for us to update your correct name / DOB, please answer the following questions and return this form to the surgery as soon as possible.**

**This up-to-date information will enable us to ensure that all registration details are accurate.**

Title: (Mr/Mrs/Miss/Ms etc: .....

Marital Status: .....

Surname: .....

NHS Number: .....

Forename/s: .....

Date of Birth: .....

Previous Surname/s: .....

Place of Birth: .....

Previous Forename/s: .....

Religion: .....

Current Address: .....

Previous Address: .....

.....

.....

.....

.....

Postcode: .....

Postcode: .....

Contact Tel No: .....

Mobile Tel No: .....

Do you consent to receiving appointment reminders via SMS... Yes / No

Work Tel No: .....

Occupation: .....

Ethnicity: .....

Main Language: .....

Smoker: Yes / No if yes: cigarette / cigar / roll up other .....

Ex. Smoker Yes / No      Never Smoked: Yes / No

Signature: .....

Date: .....

**PROOF of all changes MUST accompany this form.**

Date of Birth, radical name changes and change of surname for children and male patients. These amendments need to be backed up by a patient signature, parent or guardian signature, a copy of deed poll, birth certificate, passport or other official ID.

Failure to comply may result in any requested changes NOT being carried out

**FOR OFFICE USE ONLY:**

COMPUTER RECORDS UPDATED: Y / N

MANUAL RECORDS UPDATED: Y / N

DATE:

SIGNED: