Change of Details Form

Oakhill Road, Dronfield,
Derbyshire, S18 2EJ
Tel: 01246 296900
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: ……..

Surname: ……

Forename/s: ……

Previous Surname/s: ……

Previous Forename/s: ……..

Current Address: ……..

……

……..

Postcode: ……

Contact Tel No: ……..

Mobile Tel No: ……

Work Tel No: ……

Marital Status: ……..

NHS Number: ……

Date of Birth: ……

Place of Birth: ……

Religion: ……

Previous Address: ……..

……...

……...

Postcode: ……

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

Occupation: ……..

Ethnicity: ……..

Main Language: ……..

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

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

Patient 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:

Does the new address fall into the Practice Catchment area? Yes / No

Have you checked Yes / No

COMPUTER RECORDS UPDATED: Y / N

MANUAL RECORDS UPDATED: Y / N

DATE:

SIGNED: