

HOYLAKE ROAD MEDICAL CENTRE

Change of Patient Personal Details Form

Dear Patient, prior to providing the practice with details of a change of address, please read the following:

1. Is the new address in our geographical catchments area? If not, you will be asked to find another practice closer to your new address. Please check with reception.
2. If you are requesting a change of address for your child, you will be asked as to the reason for the amendment and whether or not the child's other parent is aware that the amendment is being requested.
3. Any other persons over the age of 16 residing at the same address will be required to complete their own change of details form.
4. Please provide documentation showing your name and new address e.g. utility bill, bank statement

PLEASE PROVIDE CHANGES OF NAME ON PAGE 2

Date of change _____

Name of person(s) requesting change of address:

Name _____

Date of Birth _____

Signed _____

Address to be changed from:

Home Tel No _____

To:

Home Tel No _____

Mobile Tel No _____

By informing us of your mobile telephone number, you are agreeing to appointment reminders via mobile text message.

If you would like to receive newsletters and information about the practice please let us know your email address:

Email _____

Names of patient(s) who are UNDER 16 years that require change of address (patients aged 16 or over – please complete a separate form):

1. _____ DOB _____
2. _____ DOB _____
3. _____ DOB _____
4. _____ DOB _____
5. _____ DOB _____
6. _____ DOB _____

If you are changing the address of a child under the age of 16 years, please provide the following information:

1. Reason for change of address?

2. Is the child's other parent aware that a change has been requested?

YES / NO

Please note: If the answer to this question is no, you may be asked to speak with the Practice Manager.

CHANGE OF NAME:

Date change of name effective from: _____

Previous name IN FULL: _____

New name IN FULL: _____

Please provide documentary evidence of change e.g. marriage certificate, deed poll etc

Practice Use Only

Request for change of address/name accepted by _____

Date computer changed _____

Date paper-based records changed _____

Please pass to Mel once the above actions are complete

Scanned

Emailed to Data Quality Team