

**NOTIFICATION OF CHANGE OF NAME / ADDRESS / TELEPHONE NUMBER / NEXT OF KIN**

Please ensure that all relevant sections are completed fully and include all family members affected by the change who are registered with the practice

SURNAME ..... PREVIOUS NAME (if applicable).....

TITLE (Miss/Ms/Mrs/Mr .....)	FORENAME(S)	DATE OF BIRTH

PREVIOUS ADDRESS: .....  
 .....  
 ..... Postcode: .....

NEW ADDRESS: .....  
 .....  
 ..... POSTCODE.....  
 NEW TELEPHONE NUMBER  
 Home ..... Mobile .....  
 DATE CHANGE EFFECTIVE FROM: .....

NAME OF NEXT OF KIN: ..... DATE OF BIRTH .....  
 ADDRESS: .....  
 ..... POSTCODE.....  
 TELEPHONE NUMBER: .....  
 RELATIONSHIP TO YOU: .....  
 CAN THEY DISCUSS YOUR MEDICAL RECORDS: YES / NO

**SIGNED:** ..... **DATE:** .....

*For office use only – initial and date where appropriate*

Action	Initials	Date
'Change of Address – Moving Out of Practice Boundary' Letter given if applicable		
Computer records amended		
Manual records amended (for change of name)		
Letter sent and note made on consultation screen (for patients moving out of area only)		