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**CHANGE OF ADDRESS, CONTACT NUMBER AND CHANGE OF SURNAME**

This form is intended for the purposes of updating address, contact numbers and change of surname on your electronically held medical record held here at the practice.

**CHANGE OF ADDRESS**

**I confirm the following individuals have previously lived at the same address**

|  |  |  |  |
| --- | --- | --- | --- |
| **FORENAME** | **SURNAME** | **DATE OF BIRTH** | **MOBILE NUMBER** |
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**PREVIOUS ADDRESS NEW ADDRESS**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
| POST CODE | POST CODE |
|  | LANDLINE PHONE NUMBER |

**If you are moving outside of our practice boundary area, the Practice will assess your suitability for remaining as an Out of Area patient and will confirm their decision within 30 working days.**

**PLEASE NOTE: We require written permission from the parent/legal guardian that lives at the same address as the child/children**

**FOR CHILDREN UNDER THE AGE OF 18**

|  |  |
| --- | --- |
| Are you the parent/legal guardian of the child? | YES/NO |
| Were you residing at the previous address with your child/children? | YES/NO |

**CHANGE OF NAME**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| FORENAME | SURNAME | DATE OF BIRTH | NEW SURNAME | REASON |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Signed:…………………………………………………………… Date: ………………………………………**

**FOR ADMIN USE ONLY**

|  |  |
| --- | --- |
| ADDRESS UPDATED | YES/NO – if no send letter to parent/legal guardian of the same address requesting permission |
| OUT OF AREA REGISTRATION | Address updated – **send form to OOA Administrator at Pool for OOA assessment** |
| CHANGE OF NAME UPDATED | Reason for name change noted in “GP Notes” section of registration screen |
| PATIENT MOVING TO RESIDENTIAL HOME | Send task to Kate White + add the residential code to the patients record within the registration tab. |