

MOORLAND MEDICAL CENTRE
CHANGE OF PERSONAL DETAILS

Please complete only the sections which are changing

New Name (if applicable)	Form of identity for name change		
Full Patient Name		Date of Birth	
NHS Number (If Known)		Effective Date of Change	
Currently Registered Address			
New Address			
Telephone Number			
Mobile Number			
Email address			
Have any recent referrals been made?			

A separate form should be used for each person.

Children or adults aged 16 years or over will be required to complete and sign their own form.

Parents / Guardians of children under the age of 16 years may sign on behalf of their children.

Signed: _____

Print name: _____

Relationship to Patient (if not patient): _____

Date: _____

Amend Computer records accordingly, change the patient records and then send for scanning.

Any child under 5 year of age needs to be notified to the Health Visitors via email on sstpnt.hv.leek@nhs.net (from the moorland.med@nhs.net email address and NOT your own email