

LOCKSTOWN PRACTICE

Change of Personal Details

Before submitting this form please check to make sure your new address fall within our practice boundary. If not you will need to register with a new surgery. Please let us know as soon as possible if you change your address, telephone number or name. It is important that we have up to date contact details in case we need to contact you. Please note: If your name has changed due to Marriage or by Deed Poll, can you please provide us with a copy of the appropriate document (requirement of Department of Health).

YOUR DETAILS:

Present Name:

Date of Birth:

Email Address:

CHANGE OF NAME:

Previous Surname:

Previous Forename:

How do you wish to be known? Please circle

- Dr
- Mrs
- Mr
- Miss
- Ms
- Other

CHANGE OF ADDRESS:

New Address including postcode:

Please complete next page

Previous Address including postcode:

Please list all family members moving with you:

UPDATE CONTACT DETAILS:

Home Tel:

Mobile Tel:

Work Tel:

Email Address:

Do you consent to being reminded by text for appointments?: YES/NO

This form collects your name, date of birth, email, other personal information and medical details. This is to confirm you are registered with the practice, to allow the practice team to contact you and also to update your medical records held by the practice and our partners in the NHS. Please read our Privacy Policy to discover how we protect and manage your submitted data. *

☐ I consent to the practice collecting and storing my data from this form.