

Update Your Contact Information

Name	
NHS Number	
Date of Birth	

Please update any of your contact information below, thank you.

Home Tel No.	
Mobile Tel No.	
Other Tel No.	
Email Address	

I would prefer to be contacted by:

- Letter
- Home telephone
- Mobile telephone
- Other telephone
- Email

If we have a mobile number recorded for you, we can send you appointment reminders and test results by text message. If you do **NOT** want us to do this, please tick this box

From time to time we will send out important information about the surgery via email, including our quarterly patient newsletter. If you do not wish to receive such information be email, please tick this box

I confirm that the above information is correct, and is my own personal contact information.

Signed:

For practice use only

Patient name	Patient NHS number
Photo Identity verified by:	Identity Verification Method: Driving Licence <input type="checkbox"/> Passport <input type="checkbox"/> Photo Bus Pass <input type="checkbox"/> Student ID <input type="checkbox"/> Other: <input type="checkbox"/> Vouching <input type="checkbox"/> (please write below)
Identity vouched for by:	
Date :	