

WESTWAY SURGERY

CHANGE OF ADDRESS/TELEPHONE NUMBER

Please let us know if you have moved or changed your phone number.
This will help us keep our records up to date in case we need to contact you.

Please fully complete the information requested and return to the receptionist.

NAME:
DATE OF BIRTH:

OLD ADDRESS:

NEW ADDRESS:	
POSTCODE:	
TELEPHONE NUMBER:	
PRINT NAME:	SIGNATURE:

Please enter the names and date of birth for each person in the household these changes affect. Please only write the details of the people who are registered at Westway Surgery.

NAME:	DOB:

Reception: Is the patient out of our area Yes/No
If yes have you advised them to register with a new GP Yes/No

THIS INFORMATION IS NOT AUTOMATICALLY PASSED ONTO THE HOSPITAL, SO IF YOU ARE WAITING FOR AN APPOINTMENT, TREATMENT OR ANYTHING ELSE FROM THE HOSPITAL YOU MUST ALSO INFORM THEM KNOW.

Reception/Office please tick when completed

Reception - File(s) Complete	Office - Link Complete <input type="checkbox"/>
Initial	Initial