

St Paul's Medical Centre – Change of Contact Details

For changes of **NAME**, please bring PICTURE ID (passport or driving licence) along with your marriage or deed poll certificate if your name has not yet been changed on the ID.

For changes of **ADDRESS**, please provide PROOF OF RESIDENCE (utility bill, rent book or bank statement). If you do not have any of these, please ask the main householder to provide proof of their ID and a letter confirming that you reside at that address.

Current details

Title (Mr, Mrs, etc)																				
Surname																				
First Name(s)																				

New details

Title (Mrs, Mrs, etc)																				
Surname																				
First Name(s)																				
Flat No/House Name																				
Number & Road																				
District/Town																				
Post Code																				
Home 'Phone																				
Mobile 'Phone																				
e-mail																				

If you have moved outside our practice boundary (Luton Rd, White Carr Lane and Talbot Rd/Poulton Rd) please register with a GP practice that covers your new address. If you have moved only slightly outside the area and wish to be considered to remain at St Paul's, please give your reasons overleaf.

Please give details overleaf if you are undergoing treatment or waiting for an appointment with another healthcare provider (e.g. district nurse, hospital, etc).

Records update

Please help us keep our records up-to-date by providing the following information:

Next of kin name																				
Relationship																				
Contact number																				

Cigarette smoker: ____/day e-cigarette vaper: _____ frequency/day

We strongly advise all smokers to quit and are happy to help. Appointments are available at St Paul's with the practice pharmacist or alternatively contact the Stop Smoking Service (Smoke Free Life).

Other household members

If the above NAME and ADDRESS changes are IDENTICAL for other members of your family/household, list the names and date of birth of each person overleaf, along with their contact details and next of kin. If the changes are not identical, please complete a new form for each person affected.

If you have children in the household, please tell us which school they attend.

Continued overleaf

Additional household members with identical changes:

Title (Mr, Mrs, etc)						Date of Birth					/					/				
Surname																				
First Name(s)																				
Mobile 'Phone																				
e-mail																				
School (child only)																				
Next of kin name																				
Relationship																				
Contact number																				

Title (Mr, Mrs, etc)						Date of Birth					/					/				
Surname																				
First Name(s)																				
Mobile 'Phone																				
e-mail																				
School (child only)																				
Next of kin name																				
Relationship																				
Contact number																				

Title (Mr, Mrs, etc)						Date of Birth					/					/				
Surname																				
First Name(s)																				
Mobile 'Phone																				
e-mail																				
School (child only)																				
Next of kin name																				
Relationship																				
Contact number																				

Details of healthcare services who might need to be advised of the change of details

--

Request to remain registered at St Paul's at an address outside the practice boundary

--

For Practice Use Only

Desk staff

Date received: _____ Received by: _____ In/Out area: _____ Patient advised YES/NO

Registrations team

Patient outside area: Approved: YES/NO By (name) _____ Date: _____

EMIS updated: _____ Patient advised: _____ PCSE advised: _____ Processed by: _____