

Red and Green Practice

CHANGES IN REGISTRATION DETAILS

Please complete relevant sections below. Sections marked with a * must be completed.

*Current Name:		*DOB:	
I am currently registered at:	Waterside (Hythe) Health Centre <input type="checkbox"/>	Blackfield Health Centre <input type="checkbox"/>	
I wish to change Surgery from:	Blackfield to Waterside <input type="checkbox"/>	Waterside to Blackfield <input type="checkbox"/>	Please note your Usual GP will alter as a result of this change.

Change of name: Please provide proof of change of name.	From:		To:	
	Title:		Title:	

Staff use only

Initials: _____ Type of ID: _____ ID Number: _____

Change of address:	From:	To:

Please list other members of the family who are registered with us, who are also moving to this address:
Please supply **Names and Date of Birth and individual mobile numbers** if applicable. Please use the back of the form if you need more room.

Please indicate any adult family members that suffer from Diabetes, so that we can update your address details with the NHS Diabetic Eye Screening Service.

Change of Home No:	
Change of Mobile No:	Do you consent to receiving text messages about your care from the surgery? (For instance for appointment reminders/test results) Yes <input type="checkbox"/> No <input type="checkbox"/>
Change of Email:	Whilst the NHS is under financial pressure and due to escalating postage costs, we are trying to use electronic invitations to annual review clinics where possible. Do you consent to receiving emails from the surgery? Yes <input type="checkbox"/> No <input type="checkbox"/>

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Accessible Information Standard (AIS)

Do you Require:	If yes, please specify your needs:
Communication Support	
Specific Contact Method	
Specific Information Format	
A Communication Professional	
Do you consent to share AIS information with other NHS Healthcare Professionals	Yes <input type="checkbox"/> No <input type="checkbox"/>

Patient Online Access

Patient Access lets you use the online services of your local practice. This includes arranging appointments, requesting repeat medication, limited access to your medical record and updating your details.

Why not pick up an application form today?

Signed:

Date: