

Okehampton Medical centre – Change of address / name

Patients aged 16 years and over or who are gillick competent will need to complete and sign their own form

Surname: GP:.....

Forename(s)

Date of birth

Old Address / Name.....

.....

New Address / Name

.....

New post code.....

Home Telephone no

Mobile no.....

Please give details below of the names, dates of birth and relationship of any other members of your family, who are 15 years and under, registered with us and will be living at the new address

Full name :DOB.....Age.....Relationship.....

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THIS CHANGE OF ADDRESS FORM WILL ONLY CHANGE YOUR ADDRESS DETAILS WITH US AT THE MEDICAL CENTRE AND NOT ANYWHERE ELSE – PLEASE REMEMBER TO CONTACT ANY HOSPITAL CONCERNED IF YOU ARE CURRENTLY RECEIVING TREATMENT.

Please note : We will need formal proof of any changes to your name (marriage certificate OR deed poll certificate)

SIGNEDDATE.....

PRINT NAME

IF REQUEST INCLUDES CHILD/CHILDREN PLEASE STATE RELATIONSHIP

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If this form is returned by another person we will contact you to confirm this request.