

# Shotfield Medical Practice

[www.shotfieldmedicalpractice.co.uk](http://www.shotfieldmedicalpractice.co.uk)

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## **NOTIFICATION OF CHANGE FORM**

Please use this form to notify us of a change of name or a change of address. It can also be used for an update to contact tel nos. Please complete relevant fields clearly and in block capitals so mistakes are not made when entering this information on to your record.

### **1. All to complete this section please (all fields in section 1 must be completed so correct patient can be identified)**

MR / MRS / MISS / MS \_\_\_\_\_ (current name in full)

Date of Birth: \_\_\_\_\_ NHS No: \_\_\_\_\_

### **2. To also complete this section for change of name only please (if you are notifying us of a change of name the relevant legal paperwork or a copy of a marriage certificate will be required before this can proceed)**

Former Name: \_\_\_\_\_

### **3. To also complete this section for change of address only please. An item of ID in your name and for the new address must be provided dated in the last 3 months. This should be a bank statement or utility bill (driving licence or passport is not acceptable). The change of address notification will not be accepted without the proof of address.**

Old Address	New Address
Postcode:	Postcode:
Old Home Tel No:	New Home Tel No:

Other members of the family/household that this change of address affects (please list):

Surname	Forename	Date of Birth	NHS No

### **4. All to also complete this section for updates to contact tel. nos. only please**

NEW HOME TELEPHONE NO	NEW WORK TELEPHONE NO	NEW MOBILE TEL NO