Overdale Medical Practice
Change of Name/Address/Details Form

(Please complete as much detail as possible)

Title	Full Name	
Date of Birth:		NHS Number:
Change of Name		
New name in full (including title)		Previous name in full:
Important information: If you are changing your name, you will need to provide a copy of the legal documentation showing your new name. This can be Deed Poll, Valid Driving Licence, Valid Passport, Marriage Certificate, Birth Certificate or Decree Absolute. Please bring this to surgery with this form.		
Change of Address		
Previous Address in full (including postcode):		
New Address in full (including postcode):		
Other members of household requiring a change of address? Please state full name and Date of Birth below:		
1.		4.
2.		5.
3.		6.
Change of Telephone number / email address:		
New Landline Number:		
New Mobile Number:		Do you consent to the practice contacting you via text message YES ☐ NO ☐
New Email Address		Do you consent to the practice contacting you via text message YES ☐ NO ☐

If you have any hospital / clinic appointments, you should also advise them of your new address as our computer records are not linked. If you have moved out of our practice boundaries, you will be asked to register with a GP practice that covers your new home address.