

THE QUARTER JACK SURGERY

CHANGE OF NAME

IN ALL CASES, PLEASE PROVIDE PHOTOGRAPHIC ID IN 'PREVIOUS' NAME.

PLEASE PROVIDE **DOCUMENTARY EVIDENCE** OF NEW NAME

ie MARRIAGE CERTIFICATE/DEED POLL.

THIS DOCUMENT TO BE USED FOR PATIENTS 16 AND OVER

New FULL NAME (please print) including Mr/Mrs/Miss/Miss/other	Date of birth
Previous FULL NAME (please print) including Mr/Mrs/Miss/Miss/other	NHS no.
Address (including post code)	
Telephone number	Name of registered doctor
Today's date	*Patient signature/s <i>We are required to keep a record of all previous names for identification purposes. Office use: enter previous 1st name manually.</i>

If you are currently receiving treatment at a hospital, please inform them directly of this change.

If you have repeat medication, please inform your pharmacy directly of this change.

If another document is accepted as proof of change, a copy of this will be kept securely in your paper record.

For office use only:

Form accepted by:	Date:
Which document was submitted as proof of identity/name change?	Scanned to patient notes under 'social and personal history' by:
Date to record:	Date process complete:

October 2018

Review October 2019