

PATIENT CONTACT INFORMATION

We frequently find that we have out of date information for our patients which makes it difficult for us to contact you. Even if you think we have up to date information for you we would appreciate it if you could spend a few minutes completing the following form so that we can double check & update your records if necessary - then hand it in to reception.

First Name Surname

Address

..... Postcode

DOB Current Occupation

Ethnic Origin First Language

Are you a main carer for somebody else? Yes No

Do you smoke? Yes - how many per day Approx date started

No - never

Ex-smoker - how many did you use to smoke per day
Approximate date when you gave up

Alcohol - please turn over to complete the questionnaire on the back

Contact numbers:

Home Work

Mobile

Email address

By giving us the above information and signing below, you are consenting to the staff here at Whitnash Medical Centre contacting you using these numbers/email address.

Please note that if we leave an answerphone message we will only say it is Whitnash Medical Centre and will not leave any other information. We may in the future commence a text-message appointment service for instance or we may want to use your email address in the future to keep you informed of the latest news here at Whitnash Medical Centre or if we feel there is a specific service we are offering that you might be interested in.

We can confirm that we will not release the above information to outside organisations unless it is with another healthcare professional involved with your medical care on a need to know basis.

Signed Date