

## UPDATING CONTACT DETAILS FORM

Patient Full Name	
Date of birth	
Gender Identity	

If you are wishing to update your current registered name, please complete our change of name form

### CHANGE OF PRIMARY CONTACT DETAILS

Primary contact numbers	Mobile:  Home:
Name of contact if not patient (F & F form needed)	

**If Primary Contact is not the patient a Friends and Family Disclosure of information Consent is required.**

*Notifications relating to your care may be sent via text to your mobile. If you'd like to opt out of this, tick here:* ☐

Please only provide your email address if you are happy to receive communication as follows:

- Provide communication about your personal medical care and /or invoices

Email address: \_\_\_\_\_

You can withdraw your consent from any of the above please enquire at reception, call us 01481 724184, or email [admin@eqrmp.com](mailto:admin@eqrmp.com).

### CHANGE OF INSURANCE DETAILS

Insurance Company	
Policy details	Policy/Customer Number:  Start date:

### CHANGE OF ADDRESS

New address	
Old address	
Date new address effective	

**Please complete one form per person/ family member**

Person Completing Form	Print Name:	Signature:
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**Please leave this form at reception or email the relevant details to [admin@eqrmp.com](mailto:admin@eqrmp.com)**

Your details will be stored and used as per our Privacy Notice; This can be viewed on our website or upon request from reception.