

# Heaton Road Surgery

## Notification of change of personal details

**Date:**

**Previous Name:**

**New Name:**

**Date of Birth:**

**Previous address:**

**New Address:**

**Previous Telephone**

**New Telephone:**

Address: Has anyone else moved with you to this address (e.g. family members or partner)? If they are registered with this practice please list their names below.

Please note. We will contact you directly if we need to discuss any of the above changes further. If you wish to inform us of any changes which are not listed please contact the surgery on Tel 0191 2655911