



## Skegby Family Medical Centre

### Updating Details Form

Help us to keep your records up to date by providing us with your contact details and a preferred method of contact.

First Name:  Surname:	Date of Birth:
Home Tel:  Mobile:  Email:	Preferred Method of Contact:  <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Letter
Consent for Text messaging service, please tick:  <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Opt in for online access  (Please tick if you wish to book appointments, request medication and access your medical records online)
Are you a carer? (If yes please give details)  <input type="checkbox"/> Yes <input type="checkbox"/> No	Carer details:
Update details for the following co-habitants:	We operate using EPS (Electronic Prescription Service). All prescriptions will be sent electronically from the practice to your nominated Pharmacy. <b>Please nominate a pharmacy to receive your prescriptions:</b>

Patient Signature .....

Date: .....

OFFICE USE:

ACCEPTED BY: