**Baddow Village Surgery**

Change of Details Form

**Previous Details**

Surname:

Forename(s):

NHS Number:

Date of Birth:

Address:

Postcode:

 Dispensing: YES/NO

**New Details**

Surname:

Forename(s):

NHS Number:

Date of Birth:

Address:

Postcode:

PROOF OF NAME CHANGE SEEN:

……………………..

**Which of the following options best describes you?** □ Heterosexual/Straight □ Lesbian/Gay □ Bisexual In another way? (Please State):

**Which of the following best describes how you think of yourself?**

□ Female (including Trans Women) □ Male (including Trans men) □ Non-Binary □ in another way (please State):

**Is your gender identity the same as the gender you were given at birth?**  YES/NO

**This change also affects the following family members of my family:**

|  |  |  |
| --- | --- | --- |
| Surname:  | Forename(s) | Date Of Birth: |
|  |  |  |

**Patient Signature:**

**Date:**