

Clee Medical Centre
Patient Information Update Form.

Patient Name..... **Date of Birth**.....

New Surname.....

Old Address..... **New Address**.....

.....

.....

Post Code..... **Post Code**.....

Day Time Tel..... **Mobile no**.....

Email Address.....

Please place a tick in the following boxes where applicable.

I would like to sign up to Clee Medicals Online Services.

(This service will allow patients to order repeat prescriptions, check appointments and cancel appointments on line). Please inform the receptionist if you would like to sign up for this service when you hand this form in and you will be provided with instructions and a user name and password.

I would like more information or would like to attend Clee Medical Centre's Patient Participation Group Meetings. (More information on these meetings can be found on our website or in our newsletters).

We welcome any new ideas that can improve our website, surgery and the services we provide to our patients. Please feel free to add any comments or suggestions in the box below that could help us improve our service to you.

Please fill in this section if there are other patients of the practice that are also moving to the new address.

Name..... Date of Birth.....

Name..... Date of Birth.....

Name..... Date of Birth.....

Name..... Date of Birth.....

Name..... Date of Birth.....

