**Little Harwood Health Centre**

**CHANGE OF ADDRESS FORM**

To help keep our records up to date, we would be grateful if you would complete the following form:-

ALL INFORMATION IS STRICTLY CONFIDENTIAL

**FAMILY MEMBERS**

|  |  |
| --- | --- |
| **NAME** | **DOB** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **OLD ADDRESS** |
| **Post Code** |

|  |
| --- |
| **NEW ADDRESS** |
| **Post Code** |

|  |
| --- |
| **Contact Details:-** |
| **Land line:****Mobile:****Email:** |

**Smoking status (please complete) Yes/No (Delete)**

|  |  |
| --- | --- |
| Never smoked | Yes / No |
| Ex – smoker | Yes / No |
| Current smoker (How many) |  |

**Alcoholic Drinks (please complete)**

|  |
| --- |
| How many units per week?(Half a pint of beer or small glass of wine = 1 unit) |

**Ethnicity (please tick)**

|  |  |
| --- | --- |
| White / British |  |
| British / Pakistani |  |
| British / Indian |  |
| Polish |  |
| African |  |
| Other – please add |  |

**Main Language**

|  |
| --- |
|  |

**Height**

|  |
| --- |
|  |

**Weight**

|  |
| --- |
|  |

**DATA: completed for/by NAME:-**

|  |
| --- |
| **Name****DOB** |

**For Office Use Only**

**ID&V**

**INITIAL**

**DATE**