

PATIENT DETAILS UPDATE FORM

Please update us with your details so that we can ensure we have your current information. We have added questions on gender identity, trans status and sexual orientation in line with our Equality & Diversity Policy and Equality Act 2010. Please speak to a member of staff if you have any questions

Name	
Address	
Postcode	
Home Telephone	
Mobile Telephone	
Work Telephone	
Email	

Next of Kin	
Next of Kin Address	
Next of Kin Telephone	
Relationship to Patient	

Are you a designated carer? If so, please give details of the person you care for.

Name of Person you care for	
Address of person you care for	
Telephone of person you care for	

Do you have a designated carer? If so, please give details of the person who cares for you.

Name of Carer	
Address of Carer	
Telephone of Carer	

Gender Identity

Which of the following best describes how you think of yourself?			
Woman (including trans woman)	<input type="checkbox"/>	Man (including trans man)	<input type="checkbox"/>
Non-Binary	<input type="checkbox"/>	Other sexual orientation not listed	<input type="checkbox"/>
Is this the gender you were given at birth?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Sexual Orientation

Which of the following best describes how you think of yourself?			
Heterosexual or straight	<input type="checkbox"/>	Gay or Lesbian	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>	Transgender	<input type="checkbox"/>

Military Veteran

Are you a Military Veteran?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have served in the UK Armed Forces please indicate which service	British Army	<input type="checkbox"/>
	Royal Air Force	<input type="checkbox"/>
	Royal Navy	<input type="checkbox"/>

Text Messaging

I would like to receive SMS text messages for appointments and my healthcare. (#sms1)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I would like to receive SMS text messages for results of investigations (#sms2)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Specific Needs

Please state any Sensory Impairment you have (ie. Speech, Hearing, Sight)	
Are you an Assistance Dog User?	
Please state any physical disabilities you may have?	
Please state any Religious or Cultural needs	

Signed		Date	
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