

IMPERIAL COLLEGE HEALTH CENTRE

CHANGE OF CONTACT DETAILS

Please complete in BLOCK CAPITALS

- 1 Which of the following best describes you?
- Student of Imperial College/Royal College of Music
 - Staff Member of Imperial College/Royal College of Music
 - Local Resident (not affiliated with Imperial College/Royal College of Music)

<p>2 Family Name</p> <p>3 Forenames</p> <p>4 Date of Birth</p> <table style="width: 100%; border-collapse: collapse; margin-left: 20px;"> <tr> <td style="border: 1px dashed black; width: 20px; height: 20px;"></td> <td style="border: 1px dashed black; width: 20px; height: 20px;"></td> <td style="border: 1px dashed black; width: 20px; height: 20px;"></td> <td style="border: 1px dashed black; width: 20px; height: 20px;"></td> <td style="border: 1px dashed black; width: 20px; height: 20px;"></td> <td style="border: 1px dashed black; width: 20px; height: 20px;"></td> <td style="border: 1px dashed black; width: 20px; height: 20px;"></td> <td style="border: 1px dashed black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">day</td> <td></td> <td style="text-align: center; font-size: 8px;">month</td> <td></td> <td style="text-align: center; font-size: 8px;">year</td> <td></td> <td></td> <td></td> </tr> </table>									day		month		year				<p>This section MUST be completed to allow us to identify you on our system</p>
day		month		year													

NEW CONTACT DETAILS

5 Flat number or room number if in halls

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6 New Address

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8 Post Code

9 Mobile Tel

10 Land Tel

11 E-mail

- 7 Ethnicity
- | | |
|--|--|
| <input type="checkbox"/> White British | Mixed ethnicity: |
| <input type="checkbox"/> White other | <input type="checkbox"/> White + Asian |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> White + Black Caribbean |
| <input type="checkbox"/> Black African | <input type="checkbox"/> White + Black African |
| <input type="checkbox"/> Black other | <input type="checkbox"/> Other Mixed Ethnicity |
| <input type="checkbox"/> Chinese | |
| <input type="checkbox"/> Asian Indian | |
| <input type="checkbox"/> Asian Bangladeshi | <input type="checkbox"/> Other Ethnic Group |
| <input type="checkbox"/> Asian Pakistani | |
| <input type="checkbox"/> Asian other | <input type="checkbox"/> Decline to say |

PREVIOUS DETAILS

12 Old Address

.....

13 Old Post Code



OFFICE USE ONLY

Revised 02/08 DH

	Initials	Date
Patient given information about how to find a new GP		
Notes amended		
EMIS updated		
PCT informed for action		