



Dr P J Flann Dr AM Spooner Dr J Sockett Dr HE Fairgrieve
Dr M Lohor Dr M Ratcliffe Dr S Sawhney

Avenue House Surgery; 109 Saltergate, Chesterfield S40 1LE 01246 244040
Hasland Medical Centre; 1 Jepson Road, Hasland, Chesterfield S41 0NZ 01246 277973

Change Of Personal Details

Before submitting this form, please ensure that your new address is within our practice boundary (Practice boundary checks are available on our website). If it's not, you will need to register with a new surgery. Please inform us as soon as possible if you change your address, telephone number, or name. It's important that we have your updated contact details in case we need to reach you. Please note: If your name has changed due to marriage or by deed poll, please provide us with a copy of the appropriate document (as required by the Department of Health).

NOTIFICATION OF CHANGE IN NAME/ADDRESS	
NHS Number:	
Date Of Birth:	
First Name:	
New Surname:	
Previous Surname:	
Other family members registered at Inspire Health who are moving with you:	
First Line of Old Address:	
New Address:	
Post Code:	
Telephone/Mobile No:	
Email Address:	

Do you consent to being reminded by text for appointments? Yes No

This form collects your name, date of birth, email, personal information, and medical details. It is for confirming your registration with the practice, allowing the practice team to contact you, and updating your medical records held by the practice and our partners in the NHS. Please refer to our Privacy Policy (Located under Practice Policies at the bottom of our website) to learn about how we protect and manage your submitted data..

I consent to the practice collecting and storing my data from this form. Yes No