The Beacon Health Group

Change of Details Form

Please note we need to see proof of changes

For Reception to Complete		
Proof of change seen?	Yes ☐	No ☐
Type of ID seen		
Initials of receptionist		

Previous Details		New Details	
Title (Mr, Mrs, Miss, Master, Mx)		Title (Mr, Mrs, Miss, Master, Mx)	
Forename(s)		Forename(s)	
Surname		Surname	
NHS Number		NHS Number	
Date of Birth		Date of Birth	
Address		Address	
Postcode		Postcode	
Mobile Number		Mobile Number	
Home Number		Home Number	
Work Number		Work Number	

Which of the following options best describes you?				
Heterosexual/Straight ☐	Lesbian/Gay ☐	Bisexual ☐	Unsure ☐	Other – Please state: ☐

Which of the following best describes how you think of yourself?				
Woman (including Trans Women) ☐	Man (including Trans Men) ☐	Non-Binary ☐	Unsure ☐	Other – Please state: ☐

Is your gender identity the same as the gender you were given at birth?	Yes ☐	No ☐

Names of other members of household this change effects		
Forename(s)	Surname	Date of Birth

Signature	
Date	