



## Contact update form

Name

Date of Birth

Address including postcode

We will not share your phone numbers or email address outside the practice

Your contact telephone numbers

Can we leave a message? (voicemail or named person)

Home

Yes/No

Work

Yes/No

Mobile

Yes/No

Can we text you ?

Yes/no

Can we email you ?

Yes/no

Email address

### About you

Are you a current smoker?

Yes/no

Would you like us to contact you with advice to help you stop smoking?

Yes/no

Are you an ex-smoker?

Yes/no

Are you a non-smoker?

Yes/no

How many units of alcohol do you consume in a week?

What is your height?

What is your weight?

What is your occupation?

Are you a Carer?

Yes/no

Signed

Date

Please return your completed form to reception at your usual surgery