**Nexus Health Group New patient registration form**

**Please email this completed form to nexus.recordsmanagement@nhs.net**

All information is kept strictly confidential.

1. **Your current details (this is the detials we already have for you):**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.1** | Title  (place x in box) | Mrs | Ms | Miss | Mr | Mx | Dr | Other |
| **1.2** | Last name |  | | | | | | |
| **1.3** | First name(s) |  | | | | | | |
| **1.4** | Date of birth |  | | | | | | |
| **1.5** | Addresss |  | | | | | | |
| **1.6** | Phone number |  | | | | | | |
| **1.7** | Email address |  | | | | | | |

1. **Your new personal details:**
2. **Your new name**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Your new first name | | |  | | | | | |
| Your new last name | | |  | | | | | |
| Title  (place x in box) | Mrs | Ms | | Miss | Mr | Mx | Dr | Other |

1. **Your new contact details**

|  |  |
| --- | --- |
| Your new residential address: |  |
| Your new telephone number |  |
| Your new email address |  |
| Please list all the family members who are also changing to this new address |  |

**Please email this completed form to nexus.recordsmanagement@nhs.net**