**Patient Information Update**

Please help us to keep our records up-to-date by completing this slip and giving it back to the receptionist or ‘posting’ it through the repeat prescription box. Thank you.

Name …………………………………………………………………………

Date of Birth ………………………………………….………………

Address …………………………………………….……….….…………

………………………………………………………………….…………………

Postcode ……………………………………………….…………….……

**Your contact details**

Home Tel Number ……………………………………………

Mobile Tel Number ……………………………………………

Email Address ……………………………………………

Weight ……………………… Height …………………………

**Next of kin**

Name …………………………………………………………………………

Address ……………………………………………………………………

……………………………………………………………………………………

Contact Tel Number ……………………………………………

Relationship to you ………………………………………………

Are you a smoker? YES / NO

Have you ever smoked? YES / NO

If you have quit smoking ‘Well done’ and if so, when did you give up?

…………………………………………………………………………..……

If you are a smoker, help is available if you want to stop. Please see the Smokestop information at the front desk or discuss it at your appointment with the doctor or nurse.