

Much Wenlock and Cressage Medical Practice

To keep us communicating effectively we are updating our patient contact details and would be grateful if you could complete and hand this form into reception. Thank you.

Please enter details below in block capitals :

Full Name: _____ Date Of Birth: / /

If your address or place of residence

has changed since originally registering with

the practice could you

please enter your latest address here:

Home Contact Number : - - - - -

Email address : _____

Would you be happy to receive notifications from the practice via text? **YES / NO**

If yes , please provide your mobile phone number in the space below.

Mobile Telephone Number: - - - - -

Do you have a disability or sensory loss which makes communication with the practice difficult for you? **YES/NO**

If YES please describe the difficulties you encounter and how the practice can help to assist and meet your communication needs.

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Please turn over :

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Are you aware of **Patient Online** , an online service that provides access for patients to book appointments , to order repeat prescriptions and to view your own medical records?

YES / NO

If **NO** , would you be interested in an application form and an informative booklet to be delivered to you?

YES / NO