**MEADS MEDICAL CENTRE**

**To ensure we hold your current information, please complete this slip and return to the surgery either by email to** **hwccg.themeads@nhs.net** **or post into the box outside the surgery or leave with a member of our team**

**PLEASE COMPLETE**

**Name**­­­­­­­­­­­­­­­………………………………………………………………………… **D.O.B:** ………………………………………

**Address including Postcode:**­­­­

……………………………………………………………………………………………………

…………………………………………………………………………………………………..

…………………………………………………………………………………………………..

**Daytime Landline (including area code)** ­………………………………………………………………

**Mobile Number** ………………………………………………………………………………………………

**E-mail Address** ………………………………………………………………………………………………

Which of the above numbers is the best one for us to contact you on? **Daytime Landline** or **Mobile Number**

**SMS Text Messages** (delete if do not wish us to use)

**Email Address** (delete if you do not wish us to use)

**I give my consent to receiving healthcare information/appointments via SMS text messages or via Email**

**(Please circle) YES or NO**

**Signed: ………………………………………………………………………………….. Date: ……………………………………….**

**Do you Smoke? (Please circle) Yes or No**

**Do you have a Carer? (Please circle) Yes or No**

**Are you a Carer? (Please circle) Yes or No**

**Any other information you feel that we should know about? Please detail below:**