UPDATING OF YOUR DETAILS

We at Carlton Street Surgery are continually striving to improve the level of care we offer to our patients. Please try to answer all the following questions, your answers will not only make sure our records are correct and up-to-date but also will help the surgery to care for your needs better..

Today's Date:	
Your Full Name:	Date of Birth:
Current Address:	Previous Address : ***(only fill in if you are changing your address details)***
Your correct telephone number is essential in case we ever need to contact you	
Home Telephone No:	Mobile Telephone No:
Consent to receive SMS reminder / messages: **yes** ☐ **no** ☐ *NB :we can only send text messages to mobile telephone numbers with the options for SMS messages*	

The following section is optional but if would help the surgery to care for your needs better.
All information is kept in accordance with the Data Protection Act.

Ethnic origin: *please tick one*

White
- British
- Irish
- Any other White Background (please write in)

Asian or Asian British
- Indian
- Pakistani
- Bangladeshi
- Any other Asian background (please write in)

Chinese or other ethnic group
- Chinese
- any other (please write in)

Mixed
- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background (please write in

Black or Black British
- Caribbean
- African
- any other Black background (please write in)

Not stated
- Not stated

Town & Country of Birth:

First Language:	**Preferred Language:**

Do you smoke? *(please tick one)*

- **Current Smoker** How many per day?
- **never smoked**
- **Ex-smoker** How long for? How many per day?

How many units of alcohol do you drink in a typical day?
(1 unit = 1 small glass wine, ½ pint beer/lager or 1 pub measure of spirits)

- Non drinker
- 0 – 5 units
- 5-10 units
- 10-15 units
- 15+ units

For surgery use;

Computer changed	
Notes Changed	