

# Sunnyside Surgery

## Contact Details

To ensure that we have all your up-to-date information, please complete the details below and return this form to the Surgery. If you have recently changed your address please *a/so* complete a Change of Address form.

**Name:** ..... **DOB:** .....

**Address:** .....

.....**Postcode:** .....

**Home Telephone No:** .....

**Mobile Telephone No:** .....

**Email Address:** .....

(please ensure this is written clearly)

**Please note – we are unable to engage in discussion regarding medical issues via email or text.**

I consent to the surgery contacting me via any of the above and understand it is my responsibility to notify the Surgery of any changes to my contact details.

**Signature:** .....

**Date:** .....