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**AMENDMENTS TO PERSONAL DATA ON CLINICAL RECORD**

This form is intended for the purposes of updating details on your electronically held medical record held here at the practice. This includes next of kin, permission to discuss your medical record & emergency contact details. Should you wish to nominate a person(s) under any or all of the following sections, please complete the appropriate section(s) and return to any of our practice sites for scanning onto your medical record.

**YOUR DETAILS (THE PATIENT)**

Name:…..……………………………………………………………………………………………………………………………………

Address…..……………………………………………………………………………………………………………………………………

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

Date of Birth: …………………………………………………………… NHS Number (if known) ……………….………………

Please update my record with the following information (complete any sections that apply in BLOCK CAPITALS, leaving others blank:

**Emergency contact details:**

Name:…..……………………………………………………………………………………………………………………………………

Address:…..……………………………………………………………………………………………………………………………………

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

Relationship to patient: .………………………………………………………………………………………………………………………

Telephone: home:……………………………………………..… mobile …………………………………..…………………………

**Next of Kin details:** (if different to those specified above)

Name:…..……………………………………………………………………………………………………………………………………

Address:…..……………………………………………………………………………………………………………………………………

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

Relationship to patient: ……………………………………………………………………………………………………………………….

Telephone: home:……………………………………………..… mobile …………………………………..…………………………

**Authorisation to discuss my medical record:**  (Please delete options you are NOT choosing)

I authorise the following person to discuss my medical record on my behalf relating to:

Everything / Appointments / Test Results / Consultations / Referrals / Medication

Name:…..……………………………………………………………………………………………………………………………………

Address:…..……………………………………………………………………………………………………………………………………

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

Relationship to patient: ……………………………………………………………………………………………………………………….

Telephone: home:……………………………………………..… mobile …………………………………..…………………………

**Signed by (you the patient):…………………………………………………………… Date: ………………………………………**

**ADMIN USE ONLY**

Patient record updated and appropriate “pop up” added

Confirmation text sent to patient

Scan document to the patient record