

Cookham Medical Centre

Contact details update form

**Mobile phone numbers - update and/or confirm wishes regarding text messaging
Email address – update and confirm wishes regarding contact**

Name			
Date of Birth			
Address (inc. Postcode)			
Home Telephone Number		Mobile Telephone Number	
Email address			

Please complete with your preferences:

I do/do not give my consent for the surgery to send me text messages
(delete as applicable)

I do/do not give my consent for the surgery to contact me by email
(delete as applicable)

I do/do not consent for the practice to pass my email address to the Patient
Participation Group (delete as applicable)

Signature		Date	
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For Practice use only	Date:	Initials
If SMS consent declined Code 9NdQ added to notes and opt out entered in the iPlato phone book		
If SMS consent given Code 9NdP added to notes & opt in on iPlato		
If email consent given Code 9NdS added to notes		
If email consent declined Code 9NdY added to notes		
If consent given to pass to PPG – completed		

Please complete this form and hand in at reception - Thank you