**Millcroft Medical Centre**

**Eagle Bridge Health & Wellbeing Centre**

**Dunwoody Way, Crewe**

**Cheshire, CW1 3AW**

**Telephone: (01270) 275200 (all enquiries) Cancellations : (01270) 275199**

**Website :** [**www.millcroftmedicalcentre.nhs.uk**](http://www.millcroftmedicalcentre.nhs.uk)

**Change of Address Notification**

* Please complete a separate form for each person changing this address who is **over 16 years old.**
* Please complete **all sections**, including your telephone number if you have one.

If the patient is under the care of the hospital as an outpatient, or are awaiting an appointment, please also let the hospital have your change of address.

* **Please tick this box if anyone who has moved with you is diabetic, so that we can let the Diabetic Retinopathy Eye Screening Service know the new address too.** [ ]

**PLEASE PRINT CLEARLY**

**Your Details:**

|  |  |
| --- | --- |
| Full Name: | Date of Birth: |

|  |
| --- |
| **Your OLD Address: ……………………………………………………………………………………………………….** **.………………………………………………………………………………………………………** **……………………………………………………….. Postcode: …………………………….**  |

|  |
| --- |
| **Your NEW Address: ……………………………………………………………………………………………………….** **.………………………………………………………………………………………………………** **……………………………………………………….. Postcode: …………………………….** **Your NEW Home Telephone Number: ………………………………………………………………………….****Your Mobile Number** (if you have one) **…………………………………………………………………………****When did you move to this address? ……………………………………………………………………………** |

|  |
| --- |
| **Please list any other patients UNDER 16 years old at this address below:****Full Name: ………………………………………. Date of Birth: ………………………………….****Full Name: ………………………………………. Date of Birth: ………………………………….****Full Name: ………………………………………. Date of Birth: ………………………………….****Full Name: ………………………………………. Date of Birth: ………………………………….** |

**We also require the following information. Please complete the following:**

**Smoking**

|  |
| --- |
| Do you smoke? [ ]  Yes [ ]  NoHave you ever smoked? [ ]  Yes [ ]  NoE-Cigarette? [ ]  Yes [ ]  NoIf you are a smoker how many cigarettes do you smoke per day? ……………………Would you like advice on giving up smoking? [ ]  Yes [ ]  No |

**Please hand the form in at the reception desk**

|  |  |  |
| --- | --- | --- |
| Practice use only: | Actioned By:  | Date:  |