**Gender Identity Clinic – change of details form**

**(For change of address, contact details, NHS number, GP and/or name)**

If any of your details change, it is important to let us know as soon as possible. Please include your old details as well as the new ones underneath, so that we can find your record. If you are changing your name, we also require a copy of your Change of Name deed.

**Post to:** Gender Identity Clinic, Lief House, 3 Sumpter Close, Finchley Road, London, NW3 5HR

**Or email to:** [Gic@nhs.net](mailto:Gic@nhs.net). Please note we only accept PDF files.

**Old details**

Old/previous title and name: …………………………………………… DoB: …………………………….

Old address: …………………………………………………………………………………………………...

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

…………………………………………………………………………..… Postcode: ………………...........

Tel no: ………………………………………… Old NHS number: …………………………………………

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

**Old GP details**

GP name: …………………………………………………………………..................................................

GP address: ………………………………………………………………….…………..……………………

……………………………………………………………………………… Postcode: ……………………..

GP telephone number: ………………………………………………………………………………….……

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**New / current details**

New/current title and name (copy of Change of Name deed required): …………………………………………………………………………………

New address: ………………………………………………………………………….……………………...

…………………………………………………………………………… Postcode: ..………………………

Date moved/moving: ………………………… New NHS number *(if any)*: ………………………………

New tel no: …………………………… New email address: ………………………………………………

**NEW/ Current GP Details (if changed/changing)**

GP name: …………………………………………..................................................................................

GP address: …………………………………………………………………………………………………...

……………………….…………………………………………………… Postcode:………………………..

GP Tel No:…………………………………………. Date registered: ……………………………………...

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

At this clinic I am currently also seeing: Speech and language:  Surgeons:  Counselling/Group:

**Signed: ……………………………………. Date form completed: …………………….…………….**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For official use only:**

* SLA (England patients, no funding application required)
* CPC (funding authorisation **REQUIRED**) pass immediately to R&F for funding application