# MOORLAND MEDICAL CENTRE

**Preferred Method of Communication**

From time to time, we, as a Practice need to contact our patients- whether it’s to remind you that certain health check-ups are due, or to notify you of results etc, there can be a number of reasons why we might need to get in touch.

In order to ensure that when we do need to reach you, we are using the method that is most suitable for you, please could you complete the below form with your preference and return it to the Practice, so we can update our records accordingly.

Patient Name:

Date of Birth:

Address:

Please tick the option that you prefer, and confirm in the space beside it, what your current contact information is that you’d like us to use (just in case the information we currently hold for you on our system is out of date):

|  |  |  |
| --- | --- | --- |
| Preferred Method of Contact | Tick | Current contact information |
| No Preference |  |  |
| Home Telephone No. |  |  |
| Work Telephone No. |  |  |
| Mobile Telephone No. (phone call) |  |  |
| Mobile Telephone No. (Text Message) |  |  |
| Letter to Home Address |  |  |
| Letter to Temporary Address |  |  |
| Email |  |  |

Patient signature: …………………………………………………………………………………….

Date: ………………………………

While we will always endeavour to reach you in the way that you have requested- on occasion where the matter may be urgent, we may have to try any/ all means of contacting you.