

Child and Adolescent Health Service  
Perth Children's Hospital

## NOTIFICATION OF CHANGE OF ADDRESS OR CONTACT DETAILS

Med Rec. No: .....

Surname: .....

Forename: .....

Gender: ..... D.O.B. ....

The hospital requires **written notification** of changes to patient addresses or contact details. Requests to change critical information of this kind must be signed by the patient or their legal guardian, wherever possible.  
This form is not to be used for change of names.  
If you are the Foster Carer, authorisation is required from the Department Family and Children Services (DFCS).

Patient Details: .....

Patient UMRN: .....

Surname: ..... Given Names: .....

Previous or alias names used (if applicable): ..... Date of Birth:    /    /

Previous Address: .....

Post Code: .....

Patient's New Address: .....

Post Code: .....

Contact Telephone – Home: ..... Work: ..... Mobile: .....

*NOK details not to be removed unless Court Documentation is provided Next of Kin, Guardian or Carer)*

NOK 1.

Next of Kin (NOK) Name: ..... Relationship to patient: .....

NOK Address: ..... Post Code: .....

Contact Telephone – Home: ..... Work: ..... Mobile: .....

*NOK details not to be removed unless Court Documentation is provided (ie. Next of Kin, Guardian or Carer)*

NOK 2.

Next of Kin (NOK) Name: ..... Relationship to patient: .....

NOK Address: ..... Post Code: .....

Contact Telephone – Home: ..... Work: ..... Mobile: .....

Local Contacts (other than Partner / Spouse):

Contact Person: ..... Phone: .....

Contact Person's Address: .....

Post Code: ..... Relationship to Patient: .....

I ..... as the Patient / Legal guardian of ..... authorise the Health Service to change this address.

Signed: ..... Date: .....

**Hospital Staff – Complete reverse side of form**



PQ520040

DO NOT WRITE IN BINDING MARGIN

HCHPCFMR0216

PC175  
06/16

MR 216.00 NOTIFICATION OF CHANGE OF ADDRESS OR CONTACT DETAILS

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The following list describes acceptable request formats by area:

**Admissions:** Pre-Admission Information Form.

**Outpatient / Wards:** Parents are required to complete a Notification of Change of Address or Contact Details Form.

**Labs / Pharmacy / Diagnostic Services:** Parent are required to complete a Notification of Change of Address or Contact Details Form. If a written request is received and the address is different on the PAS, make the change on the PAS (after verification of address details) and send the Notification of Change of Address or Contact Details form to the CPI Officer in PIMS.

**If information is given over the phone, please advise the caller that for security reasons the patient's information cannot be updated until written confirmation has been received.**

**When the form is returned, the details will be updated in the "PAS" by the CPI Officer.**

***It is important that this notification form to be filed into the medical record's correspondence section as evidence of the request and what action has been taken.***

### To be completed by PIMS CPI OFFICER

Date received by CPI Officer: ..... / ..... / .....

The PAS updated with new information: ..... / ..... / .....

ie: Address    NOK    Contact Person    Other

*CPI Officer to check the PAS for the following:*

Waitlist booking checked:                       Yes                       No

Outpatient Appointments checked:                       Yes                       No

Out of Date labels removed from medical record:                       Yes                       No

Staff member actioning update and checking the PAS:

Staff member's name: ..... Signature: .....

DO NOT WRITE IN BINDING MARGIN