**UPDATING YOUR DETAILS**

**Your Name** ……………………………………………………………………………………………………………………

**Date of Birth** …………………………………………………………………………………

**Mobile Phone Number** ………………………………………………………………..

**Email Address** ……………………………………………………………………………..

We would like to use your email or mobile to contact you, for example with results of blood tests or as a confirmation of an appointment time.

We will only share this information on a need to know basis with others directly involved in your care (eg Hospitals, Ambulance Trusts, District Nurse etc).

I consent to The Apples contacting me by text/phone/email

**Signed** …………………………………………………………………………………………………..

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