

Med Rec. No:
Surname:
Forename:
Gender: D.O.B.

PATIENT NAME CHANGE

AFFIX LABEL HERE

The hospital requires **written notification** requesting changes to a patient's name. Requests to change critical information of this kind **must be signed by the patient or their legal guardian**.

If you are the foster carer, authorisation is required from the Department for Community Development (DCD).

If a legal name change is requested, one or more of the following types of documentation must be sighted as proof of the 'legal name' change and noted in the medical record:

- Registrar of births, deaths and marriages (including birth certificate)
- Deed poll
- Passport
- Court order
- Driver's licence.

(Please refer to "Patient Name Policy" on Health Point)

A name change **will not** be recorded on the patient's record unless such documentation is provided. If not sighted, only an 'also known as' addition will be made to the Central Patient Index (CPI) on TOPAS and medical record cover.

Please use BLOCK LETTERS in the space provided.

Change of name:

Name known as before (old name): Surname
First name
Middle name

Name now known as (new name): Surname
First name
Middle name

Sighted change of name documentation (tick box)

Photocopy taken (tick box)

Date of Birth: / / Male Female

I as the Patient / Legal Guardian of
authorise Perth Children's Hospital to change this name.

Signed: Date: / /

To be completed by PIMS CPI OFFICER

Date received by CPI Officer: / /

TOPAS updated with new information: / /

CPI Officer to check for the following:

Out of date labels removed from medical record: Yes No

Staff member's name: Signature:



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DO NOT WRITE IN BINDING MARGIN

PATIENT NAME CHANGE

MR 215.00

HCHPCFMR0215