


## FORM: UPDATING PERSONAL DETAILS

### Previous Details:

Study Number (if known)	
Name	Reason for Change:
DOB	
Postcode	

**Update to:** (please complete the relevant fields that apply)

<b>Name</b>		
<b>Address</b>		
<b>Postcode</b>		
<b>Telephone</b> (H)		
(W)		
(Mob)		
<b>Email</b> (H)		
(W)		
<b>GP Name</b>		
<b>GP Address</b>		
<b>Postcode</b>		
<b>Telephone</b>		
<b>Fax</b>		
<b>NHS Number</b>		

### Health /Medical Update:

Please email the completed Form to [twinsuk@kcl.ac.uk](mailto:twinsuk@kcl.ac.uk) or print form and sent completed form to the following address: **Admin Team, Department of Twin Research, 1<sup>st</sup> Floor South Wing, FREEPOST LON7776. London. SE1 7YY.**