



Texas Department of State Health Services

# Hansen's Disease Program

## CHANGE OF INFORMATION

HD Clinic	Date
Last Name, First Name, Middle Initial	
Date of Birth	Social Security Number

Check box if there are any changes in the above information.

In accordance with the National Hansen's Disease Program Policy, the following change is reported:

The above patient has:

Relocated To:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City State Zip

\_\_\_\_\_  
Hansen's Disease Clinic

Left the Country

Deceased Date: \_\_\_\_\_