Arlington Road Medical Practice
1 Arlington Road, Eastbourne, East Sussex, BN21 1DH
Patient Online Registration Form – for patients aged 16 years+
Access to GP online services – please PRINT clearly within the boxes

As an alternative to completing this form, if you have a passport or a photo driving licence, you will be eligible to apply for Online Services via the NHS app. The app is available to download from both Google play and Apple app stores.

You will be able to apply for Online Services using the app via your phone or ipad and will just need your driving licence or passport to confirm identity and will not need to complete this form or bring ID into the surgery.

Your Registration Token will automatically be emailed to you once we have processed your application for Online Services.

Surname	
First name	
Date of birth	/ /
Address	
Postcode	
Email address*	
Name of GP	
Landline number	
Mobile number	

*Please note, there must be one email address per person – you cannot share another person's email address for Online Services due to confidentiality. Please keep the helpsheet attached to this form as it may be helpful when you register online for Online Services once you have your token – a copy of this is available on our website.

I wish to have access to the following online services (tick all that apply):

1. Booking appointments	☐
2. Requesting repeat prescriptions	☐
3. Summary access to my medical record (allergies & medication)	☐

Application for online access to my medical record

I wish to access my medical record online, I understand & agree with each statement (please tick)

1. I have read and understood the information leaflet provided by the practice	☐
2. I will be responsible for the security of the information that I see or download	☐
3. If I choose to share my information with anyone else, this is at my own risk	☐
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	☐
5. If I see information in my record that it not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible	☐

Signature		Date	

For practice use only

Identity verified through (tick all that apply)	Vouching ☐ Vouching with information in record ☐ Photo ID ☐ Proof of residence ☐	Name of verifier	Date
Please list ID seen	Passport ☐ Driving Licence ☐ Bank Statement ☐ Other…please state ☐		
Authorised person			
Date account created			
Date passphrase sent			
Level of access enabled Prospective ☐ Retrospective ☐ All ☐ Limited Parts ☐ Contractual Minimum ☐	Notes/explanation		
Added to spreadsheet: Date: Name:			