



# SystemOne Online – Patient Application Form

You just need to bring along some photographic proof of ID to get registration details. To ensure confidentiality we are only able to accept registrations in person – i.e. you cannot give your details to anyone else to register for you.

**Please take this to reception to be given a log in (Tuesday/Wednesday/Friday after 2pm only)**

**We are unable to give access to SystemOne Online for patients under the age of 16.**

Name of person for the online access	
Date of Birth	Age

### Patient Disclaimer 1 (application in person over 16 yrs)

I ..... have understood and will adhere to the Pulborough Medical Group Practice Guidance notes which I have been given for the use of SystemOne Online. It is my responsibility to keep my account secure by keeping my log in details confidential. I understand that I can terminate my account at any time by contacting the surgery, or change my log in details by re-registering, and that this form will be kept on my electronic records.

Signed ..... Date .....

Please tick if you would like access to your detailed coded medical record.

The following information is optional but very useful for us to keep our records up to date, please tick appropriate box:

I have never smoked  I am an ex-smoker  I am a current smoker

If you are a **current smoker** we are required to offer BOTH support and treatment to stop smoking.

#### Please tick below-

I am **not interested** in either support/treatment

I am **interested** in either support/treatment  - **Please make an appointment with a Pharmacist to discuss**

Mobile telephone number .....

If you have supplied a mobile number you will receive text message appointment reminders and occasional messages.

Please tick if you **do not** wish to receive text messages from the surgery

Landline telephone number. ....

Email Address .....

**Document now to be scanned onto patient record and then shredded please.**