# .The New Surgery, Chess Medical Centre, 260-290 Berkhampstead Road, Chesham HP5 3EZ

# Registration Form for Access to GP Online Services

*(for patients moving from old FrontDesk online access)*

|  |  |
| --- | --- |
| Surname  | Date of birth |
| First name |
| AddressPostcode |
| Email address |
| Home Telephone number | Mobile number |

**ACCESS TO THE FOLLOWING ONLINE SERVICES**

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

|  |  |
| --- | --- |
| 1. Booking appointments
 | 🞏 |
| 1. Requesting repeat prescriptions
 | 🞏 |
| 1. Viewing my Summary Care Record (medications & allergies)
 | 🞏 |

|  |
| --- |
| Signed: Date: |

### **For practice use only**

|  |  |  |
| --- | --- | --- |
| Identity verified through (tick all that apply) | Vouching 🞏Vouching with information in record 🞏Photo ID and proof of residence 🞏 Proof of residence 🞏 | Name of verifierDate |
| Date account created  |
| Date linkage key/account ID provided to patient |

Updated: Jul22