PATIENT ACCESS REGISTRATION

I would like to sign up for Patient Access which will enable me to view my medication, allergy and immunisation history, book or cancel appointments and order repeat prescriptions from the Patient Access website.

Before giving patients online access to their medical records we must now verify their identity. When returning this form to the surgery please bring along 2 identification documents, one of which must be photo id.

Name:	
DOB:	
Address:	
Telephone:	
Email:	

Patient Consent

I am aged 16 or over and would like to sign up for all available services available from Patient Access.

Signed:	
Date:	

For staff use only:

- ☐ Patient identity verified
- ☐ Patient contact details verified
- ☐ Registered for online access
- ☐ Details given to patient

Staff member: Date: