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| **MR/MRS/MS/MISS/DR/OTHER**  **FIRST NAME & SURNAME** |  |
| **EMAIL (PLEASE PRINT) we cannot accept joint/family addresses** | **THIS EMAIL ADDRESS MUST BE INDIVIDUAL TO THE NAME ABOVE** |
| **DATE OF BIRTH** |  |
| **ADDRESS** |  |
| **TELEPHONE (HOME /MOBILE)** | **PLEASE INCLUDE A MOBILE No. IF YOU HAVE ONE** |

**I wish to have access to the following online services (tick all that apply): up to 16 years**

|  |  |
| --- | --- |
| 1. Booking appointments |  |
| 1. Requesting repeat prescriptions |  |

**Application for online access to my medical record *(AVAILABLE FOR PATIENTS OVER 18 ONLY)***

**PLEASE TICK TEST RESULTS  PROBLEMS  IMMUNISATIONS  ALLERGIES **

[](http://www.google.co.uk/url?q=http://www.clker.com/clipart-exclamation-mark-red.html&sa=U&ei=GMNtVIKEBoimgwTR6ICQDQ&ved=0CCwQ9QEwBQ&usg=AFQjCNEg_zGFqUpQuOOemN7Z-jQF4iGqmg)

Patient Access is available for patients aged 16 and over. Parents can register for their children up to 12. Once they reach 12 we will suspend this access until they reach 16. This is in line with our child safeguarding policy.

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

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| --- | --- | --- |
| 1. I have read and understood the information leaflet provided by the practice | |  |
| 1. I will be responsible for the security of information that I see or download | |  |
| 1. If I choose to share my information with anyone else, this is at my own risk | |  |
| 1. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement. | |  |
| 1. If I see information in my record that is not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible | |  |
| 1. If I think that I may come under pressure to give access to someone else   unwittingly I will contact the practice as soon as possible. | |  |
| **SIGNATURE:** | **DATE** | |

[](http://www.google.co.uk/url?q=http://www.clker.com/clipart-exclamation-mark-red.html&sa=U&ei=GMNtVIKEBoimgwTR6ICQDQ&ved=0CCwQ9QEwBQ&usg=AFQjCNEg_zGFqUpQuOOemN7Z-jQF4iGqmg)**When handing in this form please ensure you have the required ID documents, without these we cannot process your registration. We will need to see two forms of ID, one photo and one address verification.**

**ID must be original copies and a true likeness.**

**OFFICE USE ONLY: ID MUST BE 2 FORMS IE PHOTO AND ADDRESS**

|  |  |  |
| --- | --- | --- |
| Authorised by:  Signed | Photo ID 🗆  Proof of Residence 🗆 | **Date:** |