

Lour Road Group Practice Online Patient registration form

If you would like to register for this online service please complete the form below and return it to the practice in person, **along with 2 valid forms of identification, for example photo ID or your passport, driving licence or birth certificate.**

Once you are registered the practice will e-mail you the information that will enable you to create a username and password.

| Patient details | Please complete in BLOCK CAPITALS |
|---|-----------------------------------|
| Patient forename | |
| Patient surname | |
| Date of birth | D D / M M / Y Y Y Y |
| Email address This email address will be used by your practice to send you notifications and reminders. | |
| | |
| | |
| Mobile number | |
| Signature | |
| Date | D D / M M / Y Y Y Y |
| Completing the form on behalf of the patient? | |
| Print forename | |
| Print surname | |
| Relationship to patient | |
| Signature | |
| Date | D D / M M / Y Y Y Y |

| Staff use only | |
|-----------------|---|
| Type of ID seen | PASSPORT <input type="checkbox"/> DRIVING LICENCE <input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> PERSONAL VOUCH BY:- OTHER:- |
| Staff name | |
| Date | D D / M M / Y Y Y Y |