**ONLINE ACCESS**

**REGISTRATION FORM**

**Patient details**

|  |  |
| --- | --- |
| Full Name |  |
| D.O.B |  |
| Address |  |
| Contact number |  |
| Email |  |

**Online services**

*I wish to be granted access to the following services (please tick)*

|  |  |
| --- | --- |
| Book GP appointments |  |
| Request Repeat Medication |  |
| View lab test results |  |
| View allergies and immunisations |  |
| Access to my full medical record |  |

**Help and support**

*I wish to receive support in accessing my online medical record (please tick)*

|  |  |
| --- | --- |
| Step-by-step guide sent through post (NHS app) |  |
| I would like help via email |  |
| I would like help over the phone |  |

**Contact preference**

*I would like to receive my login details (please tick)*

|  |  |
| --- | --- |
| Email |  |
| Post |  |

**Terms and conditions**

*Please read carefully and tick below*

|  |  |
| --- | --- |
| I will be responsible for the security of the information that I see or download |  |
| If I choose to share my information with anyone else, this is at my own risk |  |
| I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my consent |  |

**Patient signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please send form back with **two** appropriate forms of ID (see below)

**For staff use only**

*Ensure photo ID verification matches all individuals mentioned on the form, must be seen in person to do this.*

*\*See separate policy re; care homes and housebound patients*

|  |  |  |  |
| --- | --- | --- | --- |
| **Photo ID** |  | **Address ID** |  |
| Photo Driving Licence |  | Driving licence |  |
| Passport |  | Utility bill |  |
| National 60+ bus pass |  | Bank statement |  |
| Public services ID card |  | Official letter |  |

**Staff initial:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For IT use only:**

|  |  |
| --- | --- |
| 91B coded on patients notes |  |
| Level of access granted for patient |  |
| Sent to GP for verification |  |
| Access to full coded medical record |  |

**Staff initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date put to scanning:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**