

Application for online access to appointments, prescriptions and my medical record

Surname:	Date of Birth:
First Name:	Proxy Full Name:
	Proxy Relation to Patient:
Full Home Address:	
Postcode:	
Email Address:	
Mobile Number:	Telephone Number:

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

1. Booking Appointments	
2. I consent to my mobile number being used for SMS text messaging for practice purposes	
3. Requesting Repeat Prescriptions	
4. Accessing my medical record (Continue below and provide ID)	

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

1. I have read and understood the information leaflet provided by the practice	
2. I will be responsible for the security of the information that I see or download	
3. If I choose to share my information with anyone else, this is at my own risk	
4. I will contact the practice as soon as possible If I suspect that my account has been accessed by someone without my consent	
5. If I see information in my record that is not about me, or is inaccurate, I will contact the practice as soon as possible.	
6. If I am signing on behalf of a child under the age of 11 years old, I agree to inform the practice when my child/children reach this age to discuss future online access.	

Signature:	Date:
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FOR PRACTICE USE ONLY

Patient NHS Number:		Computer ID:	
Identity Verified by STAFF NAME:	Date:	Method of ID: Please Circle ID Provided Below Driving License – Passport - Utility Bill Birth Certificate - Bank Statement Other	
Authorised By		Date:	
Date Account Created:			
Date Account Details Sent to Patient:			
Level of Record Access Enabled:		Notes/Explanation:	
Core Record Access <input type="checkbox"/>			
Detailed Coded Record Access <input type="checkbox"/>			

Please Scan into patient records