

## Patient Online registration form Access to GP online services

Surname			
First name			
Date of birth			
Address			
Postcode			
Email address			
Telephone number		Mobile number	

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

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>

If you wish to have online access to your medical records please request the Patient Online registration form, Access to medical records services form from reception.

Signature		Date	
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### For practice use only

Identity verified through (tick all that apply)	Vouching <input type="checkbox"/>	Name of verifier	Date
	Vouching with information in record <input type="checkbox"/>		
	Photo ID <input type="checkbox"/>		
	Proof of residence <input type="checkbox"/>		
Name of person who authorised (if applicable)			Date

## Important Information – Please read before returning this form

If you wish to, you can now use the internet to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well. It's your choice.

**It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.**

If you can't do this for some reason, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.