



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	
2. Requesting repeat prescriptions	
3. Accessing my medical record	

Application for online access to my medical record

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

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 agreement	
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	

Signature:	Date:

For Practice use only

Identify 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
NHS Number			
Date account created			