



**Register for Online Services -  
APPOINTMENTS, TEXT REMINDERS,  
REPEAT PRESCRIPTIONS and  
VIEWING YOUR MEDICAL RECORD**



Patients registered with this practice are now able to have 24 hour secure access via the internet to make **appointments** and to order their **repeat prescriptions**. This will save you telephoning or calling at the surgery for these.



You will also be able to view aspects of your **medical records** securely. This includes information about your medications, allergies immunisation history and links to patient leaflets to help you understand more about your conditions or medications.



If you wish to use these services, please complete the details below and bring the completed form **with photograph identification** (eg passport, driving licence).

You will, of course, need a computer with internet access or a Smartphone. You can also download the NHS app. ([www.nhs.uk/nhs-services/online-services/nhs-app/about-the-nhs-app/](http://www.nhs.uk/nhs-services/online-services/nhs-app/about-the-nhs-app/))

**Parents/Guardians of children under 16 may apply for proxy access to their child's record. Please ask reception for details.**

Forename(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mobile Phone number: \_\_\_\_\_

Home Phone number: \_\_\_\_\_

If you would like to have access to online services please sign below and **delete as appropriate**. (*You do not have to opt in to all services, and even if you decide to opt in now you can change your mind at any time all you need to do is contact reception*).

- I confirm that I would like to have access to online appointments
- I confirm that I would like to have access to order prescriptions online
- I confirm that I would like to have access to viewing online summary
- I confirm that I would like to have access to view my test results
- I confirm that I would like to have access to view my consultations.

I confirm that the above information is correct and that I have read and understood the leaflet '**Access to Online Patient Record Important information**' at the date and that should any of the above details change that I will inform the practice as soon as possible.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

***Your log in details will be sent to the e mail address provided.***

<i>For office use:</i>			
<input type="checkbox"/> ID provided - passport / driving licence / other (or vouch for pt –details)			
_____		Initials: _____	Date: ___/___/___
<input type="checkbox"/> Emis pt ref: _____	<input type="checkbox"/> Reg doc to pt	<input type="checkbox"/> Text rem	
_____		Initials: _____	Date: ___/___/___