



**Online Services – Adult Patient Registration**

Do you have any special communication needs?    Yes    No

If yes:    Sign Language    Large Print    Other.....

**Patient Details (Please complete in BLOCK CAPITALS)**

<b>Surname</b>	<b>Date of Birth</b>
<b>First Name</b>	
<b>Address</b>	
<b>Post Code</b>	
<b>Email Address</b>	
<b>Telephone Number</b>	<b>Mobile Number</b>

I already have a Patient Access account set up for Appointments and Repeat Prescriptions and now wish to have access to my medical record  

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

- 1. Booking telephone appointments
- 2. Requesting repeat prescriptions
- 3. Accessing my medical record

<b>I wish to access my medical record online and understand and agree with each statement</b>	
1. I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
2. I will be responsible for the security of information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without any agreement	<input type="checkbox"/>
5. If I see information in my record that is not about me or inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>
6. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible	<input type="checkbox"/>

Please sign and date	
Signature	
Date	

### Identification

Valid Photo ID will need to be presented to verify your identity:

Valid Photo ID (Proof of Identity)
Passport – Current and Valid
EEA/EU Government Issued Identity Card
EEA/EU Full Driving Licence
Police Warrant Card/Fire Brigade ID Card
National 60+ Bus Pass
NHS Staff Card
Digital Tachograph Card

- To ensure confidentiality we are only able to accept registrations in person – i.e. you cannot give your details to anyone else to register for you.
- You must be 16 or over to use this service. Registration for the detailed coded record could take up to 14 days and will need to be authorised by your GP.
- Vouching - In the event of any patients inability to provide suitable documentation to prove identity takes into account:

The period of time an individual has been known to the person designated for vouching, the frequency of attendance and the period of registration.

Patient Access Request	First <input type="checkbox"/>	Password Reset <input type="checkbox"/>
Photo ID Description		
ID Number		
ID Verified as True Likeness	I confirm true likeness <input type="checkbox"/>	
Staff Name		
Vouching Identity	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date		
EMIS Number		
Patient Access Registration Form generated		
Handed to patient at time of registration	Yes <input type="checkbox"/> No <input type="checkbox"/>	