

Patient Online Services Registration Form for patients aged 16 years+

As an alternative to completing this form, if you have a passport or a photo driving licence, you will be eligible to apply for Online Services via the NHS app. The app is available to download from both Google play and Apple app stores.

You will be able to apply for Online Services using the app via your phone or tablet and will just need your driving licence or passport to confirm identity and will not need to complete this form or bring ID into the surgery.

If you are unable to register via the NHS App or you are a New Patient who has had the NHS App with your previous GP Practice, please complete this form and bring it to the Surgery with two forms of ID (see last page). Your Registration Token will automatically be emailed to you once we have processed your application for Online Services.

Surname		<u> </u>			l					l	l		
Sumame													
First name													
Date of birth			,	/			,	/					
Address													
Postcode													
Email address*													
Name of GP													
Landline number													
Mobile number													

*Please note, there must be one email address per person – you cannot share another person's email address for Online Services due to confidentiality. Please keep the help sheet attached to this form as it may be helpful when you register online for Online Services once you have your token – a copy of this is available on our website.

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

1.	Booking appointments	
2.	Requesting repeat prescriptions	
3.	Prospective Medical Records (full medical record going forward)	

Application for online access to my medical record

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

I have read and understood the information provided by the Practice about Patient Online Services via the NHS App								
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								
I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement								
If I see information in my record that it not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible								
		,		1				
Signature		Da	te					
For practice use only Identity verified through		Vouching D	Name of	Date				
(tick all that apply)	Vouching with information in record □ Photo ID □ Proof of residence □							
Please list ID seen	Passport □ Driving Licence □ Bank Statement □ Other*please state □ *This identity must be from the government approved list of acceptable identity evidence.							
Authorised person	,							
Date account created								
Date passphrase sent								
Level of access enabled Appointn Medica Prospective Re		Notes	s/explana	ation				
Added to spreadsheet: Date:								
Name:								

Updated March 2024