



Application for access to online services

Surname	Date of birth
First name	
Address (we will post your log in details to your home address so please ensure this is up to date)	
Postcode	
Email address	
Telephone number	Mobile number

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

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medication history, allergies and immunisation record	<input type="checkbox"/>

I wish to access a summary of my medical information online and understand and agree with each statement (tick):

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 the 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 my agreement	<input type="checkbox"/>
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	<input type="checkbox"/>

Signature	Date
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For practice use only

Patient NHS number		Usual GP	
Identity verified by (initials)	Date	Method Photo ID and proof of residence <input type="checkbox"/>	
Authorised by			Date
Date account activated			
Date posted:			
Level of record access enabled		Notes / explanation	
Appointments <input type="checkbox"/> Repeat Prescriptions <input type="checkbox"/> Medication History <input type="checkbox"/> Allergies <input type="checkbox"/> Immunisations <input type="checkbox"/>			