

Online Patient Services

We Provide online services for our patients. These services enable you to order repeat prescriptions and view your clinical record from the date of your registration. If you would like to register for the above services, please complete the form below.

I understand and agree with each statement:

I will be responsible for the security of the information that I see or download ☐

If I choose to share my information with anyone else, this is at my own risk ☐

If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible. ☐

If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible. ☐

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. ☐

Signature of patient Date:

Name NHS Number:.....

DOB Email

**When returning please ensure you provide photographic ID such as a driving license or passport
AND a document to confirm your address, such as a bank statement or utility bill.**

Staff to complete

Type of Photo ID checked: Passport, driving license, other ID and document number

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Proof of address checked: Bank statement, Utility bill, other

.....

Signed

Date:.....

Additional support you may need to access our online services

Are you a carer for an elderly and/or disabled person who could not cope without your help?	Yes	No
If 'YES' who do you care for? (Please state name, contact details of the person, as well as your relationship with them)		
Are you being cared for?	Yes	No
If 'YES' who do you care for? (Please give name and contact details of relationship e.g. Mother, Father etc)		
Are you happy for us to discuss your medical records with them?		

Disability	<p>Do you have any disabilities that we should be aware of?</p> <p>If this disability affects your access to our services, would you like someone to contact you to discuss?</p> <p>YES</p> <p>NO</p>
Ensuring accessible information	<p>Do you have any particular information or communication support needs?</p> <p>We may be able to offer you support in accessing our services by other means if this is helpful. Please let us know if we can help you.</p> <p>If this disability affects your access to our services, would you like someone to contact you to discuss?</p> <p>YES</p> <p>NO</p>

Personal Medical History	<p>Have you been diagnosed with any ongoing health conditions? For example: Asthma/COPD/Diabetes?</p>
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We share your health record for the purpose of your direct care - As default, we will set your record as 'available to share' in both SystmOne and the Summary Care Record. For further information, please ask reception for a leaflet on data sharing, or an 'opt out form'.

Please hand in this completed form into the receptionist in person. We may need to check some information with you and ask for proof of address. It can take up to 72 hours to complete the registration process.