

Registration time: 11.00 am to 4.00 pm

Access to GP online Services

Surname	
First Name	
Date of Birth	
Address	
Postcode	
Email Address	
Telephone Number/Mobile number	

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

1. Booking Appointments	
2. Requesting repeat prescription	
3. Accessing my medical record	

Application for online access to my medical record

I wish to access my medical record online and understand and agree with each statement (Please tick)

1. I have read and understood the information leaflet provided by the practice	
2. 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	
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	
4. 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	

Next to kin :

First Name		
Last Name		
Contact Details –Phone no, Email		
Relation to patient		
Can discuss the record with Next to kin(Please tick)	Yes	No
Is next to kin your carer	Yes	No

Signature		Date	
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