

Wetmore Road Surgery

Application for online patient access

Note. Anyone aged 13 or over need to apply themselves.

Surname	Date of birth
First name	
Address	
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 core summary medical record (medications and allergies)	<input type="checkbox"/>
<i>*Please ask for a further application form if you wish to request access to your detailed coded medical record*</i>	

I wish to access my medical record 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:		Patient Emis No:	
Identity verified by (initials)	Date:	Method Birth Certificate/Student Card <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/> Copy of ID taken <input type="checkbox"/>	
Authorised by: Amanda Watson (IT Lead)		Date:	
Date account created:			