

Application for SystemOnline

Full name:
Date of birth:
NHS Number:
Address:
Telephone number:
Mobile number:

Would you like to register for online services? This will allow you to book/cancel appointments, order prescriptions, and view your summary record, including recent acute medication and allergies.	Yes <input type="checkbox"/>
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If yes, a login and password will be emailed to you. Please indicate your email address:

Email address:
<input type="checkbox"/> From time to time we will send out important information about the surgery via email, including our quarterly patient newsletter. If you do not wish to receive such information by email, please tick this box

Would you like your prescriptions to be sent automatically to the pharmacy of your choice?
If yes, please indicate the name and address of your chosen pharmacy:

Pharmacy:

Signature:	Date:
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For practice use only

Patient name		Patient NHS number	
Identity verified by (initials)	Date	Method	Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>
Authorised by			Date