# Application for Online Access

If you would like to have online access to enable you to:

* + book appointments,
  + order repeat prescriptions
  + see your summary care record
  + complete online questionnaires

you will need to complete the form below, and hand to reception together with two forms of ID, one to be photo (i.e. driving license, passport, utility bill).

If you had online access with us before we changed computer systems, unfortunately this will need to be reapplied for with the new system.

**Please complete the fields below and present it to reception along with your ID.**

|  |  |
| --- | --- |
| **Surname** | **Date of birth** |
| **First name** | |
| **Address**    **Postcode** | |
| **Email address** | |
| **Telephone number** | **Mobile number** |

**I wish to have online access for the following:**

**(Please tick the boxes you require)**

|  |  |
| --- | --- |
| 1. Appointment bookings | 🞏 |
| 1. Ordering repeat medications | 🞏 |
| 1. Viewing summary care record | 🞏 |
| 1. Completing questionnaires | 🞏 |

|  |  |
| --- | --- |
| **Signature** | **Date** |

### For Practice use only

|  |  |  |  |
| --- | --- | --- | --- |
| Patient NHS number: | |  | |
| Identity verified by  (initials) | Date | Photo ID and proof of residence seen  and copy attached 🞏  Examples: Driving licence, passport, utility bill. | |
| Authorised by: | | | Date: |
| Date details sent by email: | | | |