Lofthouse Surgery and The Manse

ONLINE REGISTRATION FORM

Please complete the following details to register for online prescriptions and appointment bookings

Name …………………………….…………………………………………………..

DOB………………………………………………………………………………….

Address ………………………………................................................................

…………………………………………...............................................................

………………………………………………………………………………………..

Home telephone number …………………………………………………….......

Mobile...………………………………………………………………………………

E.mail………….……………………………………………………………………..

Preferred Chemist ………………………………………………………………….

**PLEASE BRING ONE OF THE FOLLOWING DOCUMENTS WHEN REGISTERING FOR ONLINE SERVICES TO CONFIRM YOUR INDENTITY**

Driving license 🞎

Passport 🞎

Utility Bill with address 🞎

Bus pass 🞎

Student ID 🞎

Birth certificate/marriage certificate 🞎

Other 🞎 ………………………………………………………………………….

I am the patient (signed) …………………………………… Date …………..

***I authorise the following person names below to register on my behalf with one of these documents.***

I can confirm that I am the patient representative / parent / guardian

Name (please print)……………………………………………………………...

Relationship to patient……………………………………………………………

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

|  |  |
| --- | --- |
| I have read and understood the information leaflet provided by the practice | 🞏 |
| 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 | 🞏 |
| I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement | 🞏 |
| 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 | 🞏 |

Signed …………………………………………………………. Date .…………

**Please Hand Into Reception When Completed.**

***Office use only***

NHS Number………….……………………………………..

I can confirm I have seen one of the following documents. 🞎

Staff Name ………………………………………………… Date …………………………………

**Please scan this document into the patient’s records and give printed password and username to the patient.**

Date Account Created ………………………… Date Passphrase Sent …………………………

Name of Person Authorising Account ………………………………………………………………..

I can confirm that I have seen the appropriate documents and processed the registration on system one. 🞎