

# Wetmore Road Surgery

## Application for online patient access

**Note. Anyone aged 11 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 additional 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"/>
<b>How would you like to receive your login details?</b>	<b>By Email</b> <input type="checkbox"/> <b>By Text</b> <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: <b>Amanda Watson (IT Lead)</b>		Date:
Date account created:		