

The Roseland Surgeries Online Access – Patient Sign Up Form

SURNAME* _____ FORENAME* _____

DATE OF BIRTH* _____ Postcode _____

Email – 1* _____

Home Tel _____ Mobile _____

Are you happy to receive contact by SMS as well as email Y/N

Required Identity Documents - One/Two of: Tick the documents you will present.

Passport Birth Certificate Driving Licence

Utility Bill Marriage Certificate Bank statement

Other (please specify) _____

Required Services - Please tick the services you would like to be able to access online
NB Not all of these services may be currently available at your practice at the time of sign up.

Appointments ➤ booking and cancelling appointments

Prescriptions ➤ ordering medication

Repeat medication

One off medication

Core Summary Care Record ➤ Includes medication and all allergies

Practice Communication ➤ email practice with NON urgent queries

Test Results ➤ blood tests etc.

Documents ➤ Hospital discharge summaries etc.

Immunisations

Coded medical record

Full medical record

Signed: _____ Date: _____