

Northiam Surgery – Online Services Request

To register with our practice please complete the following details.

NHS Number

To register you will need your NHS number. If you do not know your NHS number there is an online service to help you find it: www.nhs.uk/nhs-services/online-services/find-nhs-number/

Patients Name

Title

First

Middle

Last

Date of Birth

Patients Address

Number

First Line of your address

Second Line of your address

Post Code

Are you requesting online access on behalf of:

☐ Yourself ☐ Your Child

If you are registering on behalf **of someone else** please provide the following:

Your Name

Title

First

Middle

Last

Relationship to patient

Contact details

Home Phone

Mobile Phone

Email address

Do you wish to have Enhanced Access to your medical record?

☐ **Yes** ☐ **No**

Which Enhanced Services would you like?

- ☐ Tests
- ☐ Documents
- ☐ Consultations

If yes, Please confirm the following security questions:*

- ☐ 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 is not about me or is incorrect, I will contact the practice as soon as possible

Patient Identification

Which two forms of ID are you providing?

☐ **Passport** ☐ **Driving Licence** ☐ **Utility Bill** ☐ **Other**

.....
Signature:

.....
Date: