



Online Services Registration Form

PATIENT DETAILS

| | | | |
|---------------|--|----------|------------------|
| First Name | | Surname | |
| Date of Birth | | Postcode | |
| Address | | | Telephone Number |

In order to access online services, you will need to consent to receiving communication via one or both of the following methods

Receive email ☐

Receive Text messages ☐

Email Address

Mobile Number

By signing your consent you agree to the following:

- I agree to use the system in a responsible manner in accordance with all instructions given to me by the practice. If not, access may be withdrawn.
- I agree that it is my responsibility to keep secure the username and passwords I will be given. If I think these have been shared inappropriately I will reset them using the instructions supplied.
- I agree that my details below may be used to contact me about how useful I find the service and whether it could be improved.
- I agree that online services are provided at the discretion of the practice, and may be withdrawn by the practice at any time.
- I agree to keep the Surgery informed of any changes to email address and or mobile phone number

Please take this form and proof of ID to reception **before** signing.

Please Register me for
online services (sign here)

ID* checked by member of
staff

Yes/No

Initial
(Staff)

Date

**ID, please provide a proof of address such as a rental agreement, utility bill etc and a proof of identity such as driving licence (the new style which has your photo), bus pass, passport etc.*

Confirmation that I have been supplied with my username and password

Patient Signature

Staff member Signature

Date