|  |  |
| --- | --- |
| **PATIENT NAME** |  |
| **PATIENT ADDRESS** |  |
| **PATIENT DOB** |  |

**Online Access Registration Form-** If you would like to be registered for Online Services where you can book and cancel appointments and request repeat medication please fill the form out below

|  |  |  |
| --- | --- | --- |
|  | **REQUEST TO ACCESS** | **ACCESS GRANTED** |
| Book Appointments |  |  |
| Cancel Appointments |  |  |
| Request Repeat Medication |  |  |
| Summary Access |  |  |
| **Church Lane Medical Centre also offer ‘detailed coded’ and ‘full’ record access. For more information and to apply for access please ask at reception.** | | |

**PATIENT DECLARATION**

**I agree that I will not disclose my user log in details to any other person**

**SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

PATIENT NHS NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***ALL APPLICATIONS FOR ACCESS TO ONLINE SERVICES WILL REQUIRE FORMAL IDENTIFICATION THROUGH 2 FORMS OF ID - ONE OF WHICH MUST CONTAIN A PHOTO.***

ID CHECKED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF DOCUMENTS USED FOR ID VERIFICATION:- ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I CONFIRM THAT THE DETAILS ON THE ID PROVIDED MATCH THOSE PROVIDED BY THE PATIENT ABOVE**

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE NOTE A COPY OF YOUR ID WILL BE TAKEN FOR OUR RECORDS- ONE PHOTOGRAPHIC ID AND ONE ADDRESS CONFIRMATION**