

**Application for online access for patients over the age of 11 under 16 (booking appointments and requesting repeat prescriptions) - If you wish for your parents to have access you will need to fill in the Proxy Application Child over 11 and under 16 form attached and the accompanying consent form.**

SURNAME		D.O.B
FIRST NAME		
ADDRESS		
EMAIL ADDRESS		
TELEPHONE NUMBER		MOBILE NUMBER
I wish to have access to the following online services (please tick all that apply)		
1. Booking appointments		
2. Requesting repeat prescriptions		
3. Receive Text Messages		
I have read and understood the Practice Guidelines. I wish to have access to book appointments and request prescriptions. I will contact the practice as soon as possible if I suspect this account has been accessed by someone else without my agreement.		
I am the patient and I am over the age of 11		Yes/No
Patient to sign and date		
<u>For office use only</u>		<u>Staff member to complete below</u>
Proof of ID given		Yes(please specify)
Identity Confirmed		Yes (please initial)
Online registration documents and email verified in patient's record		Print name and sign

Online access to your medical records is available on request. Please ask at reception and they will supply you with a different application form, which must be completed in ALL areas indicated.