

Full Name of Patient	
Date of Birth	Address Post Code
Email address	
Contact Number	

If applicable please fill in the following

1. I am a Parent/Carer for a child under 16 years old. I understand that once the applicant reaches 16 years of age, they will need to re-apply independently for online access.	
2. I have Power of Attorney for my relative and would like to request access to their detailed care record.	
Name of requestor if not the patient:	Relationship with patient:

I wish to have access to the following online services (tick)

Accessing Medical Records and Electronic prescribing online – Via Patient Access App
<input type="checkbox"/> To book appointments online (<i>unfortunately this service is currently unavailable</i>) <input type="checkbox"/> To request prescriptions online <input type="checkbox"/> Core summary record (access to brief record summary, current medication and allergy information) <input type="checkbox"/> Laboratory test results <input type="checkbox"/> Documents <input type="checkbox"/> Immunisations <input type="checkbox"/> Problems <input type="checkbox"/> Consultations

I wish to access my medical record online and understand and agree with each statement (tick)

<input type="checkbox"/> The information I want access to is Personal Information and Highly Confidential <input type="checkbox"/> I will be responsible for the security of the information that I see or download <input type="checkbox"/> If I choose to share my information with anyone else, this is at my own risk <input type="checkbox"/> If I suspect that my account has been accessed by someone without my agreements, I will contact the practice as soon as possible <input type="checkbox"/> If I change my mind as to who can have access to my information, I will inform the surgery
Signature of requestor:

Please provide Photo Identification and confirmation of address (dated within three months). Your application will not be processed without this information.

Office Use Only

Staff Signature to confirm ID/POA seen..... Date.....

Authorised byDate.....