Royal College of General Practitioners

PATIENT ONLINE

NHS England

THE BELL SURGERY

Patient Online: Registration Form

Surname			
First name			
Date of birth			
Address			
Email address			
Telephone No.		Mobile No.	

Access to GP online services

I wish to have access to the following online services (tick all that apply):

1.	Booking appointments	☐
2.	Requesting repeat prescriptions	☐
3.	Accessing my medical record	☐

Application for online access to my medical record

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

1.	I have read and understood the information leaflet provided by the practice	☐
2.	I will be responsible for the security of the information that I see or download	☐
3.	If I choose to share my information with anyone else, this is at my own risk	☐
4.	I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	☐
5.	If I see information in my record that it not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible	☐

Signature		Date	

For practice use only

Identity verified through (tick all that apply)	Vouching ☐ Photo ID ☐	Vouching with information in record ☐ Proof of residence ☐	
Name of Verifier		Date	
Name of Authoriser		Date	
Date account created		Date passphrase sent	