

SystemOne - Patient Application form for online services

You need to bring along some photographic proof of ID to get registration details. To ensure confidentiality we are only able to accept registrations in person – ie you cannot give your details to anyone else to register for you (unless under 11 years of age).

Details of person applying for Access:

Date of Birth	Name of person for the online access
Address	
Email address	
Telephone number	Mobile number

Please complete disclaimer

Patient Disclaimer 1	
Iwould like to have access to online services. I have understood and will adhere to the Mayflower Medical Practice Guidance Notes which I have been given to read and consider. It is my responsibility to terminate my account at any time by contacting the surgery. It is my responsibility to keep my records safe.	
Signature	Date

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

1. Booking appointments	• <input type="checkbox"/>
2. Requesting repeat prescriptions	• <input type="checkbox"/>
3. Questionnaire	• <input type="checkbox"/>
4. Accessing my summary care record	• <input type="checkbox"/>
5. Accessing my detailed coded medical record. This is not full record access. Please consider there may be sensitive data in your records. Please read attached sheet 'Things to consider' before ticking this box.	• <input type="checkbox"/>

The following information is optional

If you have supplied a mobile number do you consent to receiving text messages with regard to appointments and in the future blood test results? Please circle Yes/No

Staff use only

Date of Application	Method Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID <input type="checkbox"/>	
Checked and access given by: INITIALS	User Name Password info is given to patient <input type="checkbox"/>	IMPORTANT Action: Patient's requesting detailed coded access Create task for doctor <input type="checkbox"/> Scan <input type="checkbox"/> Send Application Form to Finningley <input type="checkbox"/>