



Book Appointments and View your Medical Record Online

You can register with Patient Access and use the internet to book appointments and look at some aspects of your medical record online. Appointments can also be made in person or by phone.

Once registered with Patient Access you will be able to:

- view and cancel your existing appointments
- book one of the appointments available online (available up to 4 weeks ahead)
- view some aspects of your medical record, including Test results

Being able to see your record online might help you to manage your medical conditions. It also means that you can access it from anywhere in the world should you require medical treatment. If you decide not to join or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before. This decision will not affect the quality of your care.

Application for online services

TERMS OF USE :

I wish to register for Patient Access and understand and agree with each statement (please tick)



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

Name : (PLEASE PRINT CLEARLY) _____ **Date of birth:** _____

Signature : _____ **Date :** _____

Email address (PLEASE PRINT CLEARLY): _____

Mobile number: _____

If you provide your email address and mobile number we will keep a note of it so that you are able to recover a forgotten password or login details automatically without contacting the Surgery.

Do we have your consent to record these same details in your medical record? Yes No

If you tick 'Yes' you also consent to the Practice contacting you this way including texting reminders of appointments.

Please tick this box if you do not wish to receive texts or emails from us

Office use only : Remove details from the medical record Update details in medical record

Identification documents seen Name _____ Signature _____