# Application for online access to my medical record, on-line appointment booking and repeat prescriptions.

# Please present completed form in person with Photo ID such as Passport or Driving Licence

|  |  |
| --- | --- |
| Surname | Date of birth |
| First name | |
| Address        Postcode | |
| Email address | |
| Telephone number | Mobile number |

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

|  |  |
| --- | --- |
| 1. Booking appointments | 🞏 |
| 1. Requesting repeat prescriptions (Currently only available through our website – www.twyfordsurgeryberkshire.co.uk) | 🞏 |
| 1. Accessing my medical record (currently only Medication, Allergies & Adverse Reactions are available) | 🞏 |

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

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

|  |  |
| --- | --- |
| Signature | Date |

### For practice use only

|  |  |  |
| --- | --- | --- |
| Patient NHS number | | Date Read code 91B.000 entered  By (initials) |
| Identity verified by  (initials) | Date | Method  Photo ID 🞏 Type  Proof of residence 🞏 if applicable |
| Date account created  By (initials) | | Date passphrase collected  By (initials) |
| Date Read code 93440 entered  By (initials) | | Notes |