

Old School Surgery

Patient Registration Form for Online Services

We currently deal approximately 750 telephone calls each day, the majority of which are for Repeat Prescription or Appointment Requests. It is anticipated that on-line services will provide you with greater access to appointments and repeat prescriptions and reduce the existing demand on our telephone system.

Appointment booking and cancellation

Have the flexibility to book, check and cancel your appointments from home, at work or any location with internet access. You don't need to queue at the practice or wait on the telephone and you can manage your appointments outside practice opening hours. Patients can book GP appointments up to 8 weeks in advance. A maximum of 2 booked appointments can be made per patient. Please remember to cancel any unwanted appointments as soon as possible.

Request your repeat prescriptions online

Request your repeat prescriptions quickly online by logging into your account and simply ticking the appropriate boxes. You should allow 48 hours from submitting a request (working days) before collecting your prescription & an additional 12 hours if you have nominated a pharmacy to collect your prescription. Please see our website for information on 'When will my prescription be ready?'

Patient details	Please complete in BLOCK CAPITALS														
Patient forename															
Patient surname															
Date of birth	D	D	/	M	M	/	Y	Y	Y	Y					
Email address (to send you reminders and notifications)															
Mobile number															
Please complete your details below if you are representing a child or have given explicit consent by a patient to act on their behalf															
Print forename															
Print surname															
Relationship to patient (if completing the form for someone else)	Delete as appropriate Parent <input type="checkbox"/> Carer <input type="checkbox"/>														
Signature of Parent/Carer							Date	D	D	/	M	M	/	Y	Y
Signature of Patient if authorizing a to act on their behalf							Date	D	D	/	M	M	/	Y	Y

Please read overleaf & sign (Please note if your form is not signed and verified we will be unable to process your registration for online services)

Patient Registration Form

Who can apply?

Patients must be aged 16 years or older to register for an online account. Parents (or those with parental responsibility) may apply for an account on behalf of their children where both parent and child are registered at the Practice, and the child is under 16.

Individuals aged 16 or over will have their own individual email address; this is to ensure your information remains confidentiality. Confirmation emails regarding appointments and repeat prescriptions will be sent to the authorised email account.

Carers may apply on behalf of patients they care for if the carer has legal power of attorney or has been given explicit written consent from the patient.

The practice will contact you within the next 4/6 weeks with your activation codes/letter. If you have not heard from the practice within this time frame please contact the practice.

By signing I confirm that:

1. I have read and understood the information provided to me by the practice.
2. I will be responsible for the security of my username and passwords and 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. I agree to use the system in a responsible manner in accordance with all instructions given to me by the Practice. If not, access may be withdrawn.
6. I agree that my details may be used to contact me with information about my online account and the online services I use.
7. I agree that I cannot use this service as a means of communication with the surgery for other purposes and will not use it for urgent matters.
8. I understand that on-line appointments are only available with the doctors at present.
9. I understand that if I fail to attend and appointment without notifying the practice my account will be deactivated by the practice.

Please date & sign to confirm that you have read & understand the information above	Date
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Practice use only:

Identity verified Type of ID shown		Signature of verifier:	Date:
Date account created			
Date letter sent/mailed			