

The Waiting Room – Patient Signup Form

Users of online services must be 16 years or older.

Surname	<input type="text"/>	Forename	<input type="text"/>
Date of Birth	<input type="text"/>	Postcode	<input type="text"/>

Email Address	<input type="text"/>
Home Telephone	<input type="text"/>
Mobile	<input type="text"/>

Proof of Identity Check – please provide one of the following:			
Passport	<input type="checkbox"/>	Driving Licence	<input type="checkbox"/>
Birth Certificate	<input type="checkbox"/>	Marriage Certificate	<input type="checkbox"/>
NHS Smart Card	<input type="checkbox"/>	Military Identity Card	<input type="checkbox"/>

Required services: Please tick the services you would like to be able to access online NB Not all of the services will be currently available at the time you sign-up.			
Appointments	<input checked="" type="checkbox"/>	Practice Email – for non-urgent enquiries	<input type="checkbox"/>
Repeat Prescriptions	<input checked="" type="checkbox"/>	Test Results	<input type="checkbox"/>
Acute Prescriptions	<input checked="" type="checkbox"/>	Documents	<input type="checkbox"/>
Summary Care Record	<input checked="" type="checkbox"/>	Coded Medical Record	<input type="checkbox"/>
		Full Medical Record	<input type="checkbox"/>

Signed: Date:

For Practice staff – Complete on receipt of form and witnessing Identification

Identity Witnessed By	<input type="text"/>	On Date	<input type="text"/>
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For Practice staff – Complete when registration added

Registration Added By	<input type="text"/>	On Date	<input type="text"/>
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