

DR D J WARDEN & PARTNERS

Application for Patient Online Services

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

I wish to have the following online services:

1. Booking appointments	
2. Requesting repeat prescriptions	
3. View summary information in GP record (medication, allergies, bad reactions)	

I wish to access services online and understand and agree with each statement (tick)

1. I have read and understood the information leaflet provided by the practice	
2. I will be responsible for the security of 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. If I see information in my record that is not about me or is incorrect, I will contact the practice as soon as possible	
6. The security of your online access is your own responsibility and not that of the practice. Your PIN will be generated within 72 hours and available for collection from Reception.	

Signature	Date
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For practice use only

Patient NHS number	Practice computer ID number	
Identity verified by (initials)	Date	Method Vouching with information in record Photo ID and proof of residence
Authorised by		Date
Date account created		
Detailed handed to patient		