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Application for online access to my medical record you will need 2 forms of identification one a photographic ID and one proof of residency.

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

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

1. Booking appointments	☐
2. Repeat Prescriptions	☐
3. Accessing my medical record	☐

Application for online access to my medical record - Only available for aged 16yrs and over.

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	☐
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 inaccurate, I will contact the practice as soon as possible	☐

Signature	Date

For practice use only

Identity verified through Vouching ☐ Vouching with information in record ☐ Photo ID and proof of residence ☐		Name of verifier Verification Date
Read code 91B date:	Read code 91B entered by:	Date account created
Date passphrase sent	Authorising access to medical record	Authorisation date
Read code 93440 date	Read code 93440 entered by	