

PARK PARADE SURGERY

Application to register for online services

(This service is not available for patients between 11 & 15 years of age)

Surname
First Name
Date of Birth
Address (including postcode)
Home telephone number
Mobile telephone number
e-mail address
Please state preferred method of contact – email text message phone call letter
Signature

Please note that that the password can only be issued on production of 2 forms of ID, one of which must be photographic eg driving licence, passport etc, and the other a utility bill or bank statement. This is for reasons of confidentiality as the password allows the user access to medical information which may be sensitive, so we need to ensure it is only given to the patient and no-one else.

If you are aged 16 and this is your first password after a parent or guardian has had one previously for you, you should obtain the log-in details yourself and not share them with any other family member/parent/guardian, to ensure your patient record is kept confidential.

Staff use

2 x ID seen (state which).....

Staff member name.....

Staff member signature.....

Password issued (date).....by text, email or printed?.....