

## **ONLINE SERVICES**

For any-one aged 16 and over we offer on-line services for appointment booking and repeat prescription ordering. Once registered, you will also be able to view your summary record, detailing current medication, allergies and vaccinations.

Would you like to register for our on-line services? **Y / N**

**You will need to come to the surgery with photo ID (eg passport/driving licence) and proof of address dated within the last 3 months (eg utility bill/bank statement) before log in details can be issued, they can then be sent by text or email or printed out**

How would you like us to provide your username and password?  
(Please circle)

Text            E-mail            Printout

**These are confidential: It is your responsibility to ensure they can be received securely by text or e-mail**

You will also be provided with details for registering with the approved 'Systmonline App' if you wish to use it.

**For children under 11 years:**

An adult with parental responsibility can nominate themselves to have access to their child's On-line services. Once a child reaches 11, access is automatically removed. Please provide details below of the adult requiring access:

Name (print): ..... Relationship: .....

NHS number:.....

Date of Birth:.....

Address: .....

Phone number:.....

**11-15 year olds can request to register for their own on-line services by speaking to a GP first.**

**Official Use Only:** Identity verified by (initials): ..... Date:.....

Method:      Vouching                       Vouching with information in record

If you are an adult aged over 16 you can nominate another person to have access to your On-Line Services. Please provide their details below and sign and date it.

**NB: THIS ACCESS CAN BE REMOVED AT ANY TIME BY INFORMING THE PRACTICE**

Details of nominated person:

Name(print): .....

Relationship.....

Address:.....

Contact

Number:.....

Which services can they have access to? (please tick)

Appointment Booking:

Repeat Prescription Ordering:

View Summary Record:

Signed: ..... Date:.....

**NURSING HOMES ONLY**

Patient/Relative's Signature for on-line services:

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