concord
MEDICAL CENTRE

"Patient Access" Registration Form

Please complete this form and bring in person to reception, together with 2 separate forms of identification – 1 photographic ID (e.g. driving licence or passport) and 1 separate piece of ID showing proof of address (e.g. a recent utility bill or bank statement).

Surname			
First Name			
Date of Birth			
Address			
Postcode			
Email Address			
Telephone No.		Mobile Number	

I wish to have access to the following "Patient Access" online services:

Standard Access – All Patients to have access to:

- Booking appointments
- Requesting repeat prescriptions
- Demographics – change of contact details
- Viewing my allergies
- Viewing my medication
- Messaging

Additional Access (please tick if required)

• Viewing my immunisations	☐

I wish to access my medical record online and understand and agree with each statement:

1. I will be responsible for the security of the information that I see or download.
2. If I choose to share my information with anyone else, this is my own risk.
3. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement.

NEWLY REGISTERED PATIENTS ONLY:
We are unable to provide you with login details immediately, therefore please allow us 10 days to process your request before collecting. Alternatively please tick if you would like us to send them via the post ☐

Patient Signature		Date	

For Practice use only

Identity verified and copy taken:	Photo ID ☐ Proof of residence ☐		
Name of staff registering patient:		Date:	