

Wellington Medical Centre

Application for online access to appointments, prescriptions and medical record

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

I wish to apply for access to the following online services (tick)

1. Booking appointments and requesting repeat prescriptions	<input type="checkbox"/>
2. Accessing my medical record	<input type="checkbox"/>

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	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	<input type="checkbox"/>
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	<input type="checkbox"/>
6. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible	<input type="checkbox"/>
7. I understand that I may see information I have forgotten about, which I could find upsetting	<input type="checkbox"/>

Signature:	Date:
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For practice use only

NHS Number:	EMIS Number:
Identity verification method	Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>
Identification seen	Photo ID Passport <input type="checkbox"/> Driving licence <input type="checkbox"/> Other (please specify) _____ Proof of address (please give details) _____
ID verified by:	Date:
Read Code 9RN "Patient identity verified" added to medical record <input type="checkbox"/>	
Medical record screened for third party/harmful information by (name):	Date:
Name of GP:	
Level or record access required	Please complete the "Detailed coded record configuration options" page overleaf to detail the level of access required
GP signature:	Date:
Date account created:	Date passphrase sent:
On line access flag added to medical record <input type="checkbox"/>	

Detailed coded record configuration options:

Detailed coded record

Use detailed coded record settings

Detailed coded record will allow you to choose which services this patient can access.

Allergies and medication are mandatory for the detailed coded record

Allergies

Medication

Laboratory test results

Display free text from:

Documents

Only show documents from:

Display free text from:

Immunisations

Problems

Display free text from:

Consultations

Only show consultations from:

Display free text from:

Please note no free text will be displayed unless "Display free text from:" is ticked and a date entered

	Actioned
Medical record screening done by secretaries	
Authorised by GP	
Access switched on by JG or JC	
Unless all 3 boxes are ticked, please do not send for scanning.	