September 2019

The Clays Practice

The Waiting Room

The Waiting Room – Proxy Signup Form

Patient Details

Surname		Forename	
Date of Birth		Postcode	

Proxy Details

Is the Proxy also a registered patient at this practice? Yes ☐ No☐

Surname		Forename	
Date of Birth		Postcode	
Email			
Home Phone			
Mobile			

Required Identity Documents of Proxy – please provide one of the following:

Passport	☐		Driving Licence	☐
Birth Certificate	☐		Marriage Certificate	☐
NHS Smart Card	☐		Military Identity Card	☐
Other (please Specify):				

Relationship to patient

Parent /Guardian	☐	Sibling	☐
Spouse / Partner	☐	Child	☐
Carer	☐	Other	☐

Proof of Relationship

Marriage Certificate	☐		Birth Certificate	☐
Written Statement	☐		Power of Attorney	☐
Other (specify)				

Required services: Please tick the services you would like to be able to access online

Appointments	☑	Practice Email – for non-urgent enquiries	☐
Repeat Prescriptions	☑	Test Results	☐
Acute Prescriptions	☑	Documents	☐
Summary Care Record	☑	Coded Medical Record	☐
		Full Medical Record	☐

Signatories – Consent for Proxy access to patient medical records

Signed (Patient):		Date:	
Signed (Proxy):		Date:	

For Practice staff – Initial and Date receipt of form and witnessing Identification below:

Identity Witnessed By:		On Date:	
Registration Added By:		On Date:	