**The Waiting Room – Patient Signup Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Surname |  |  | Forename |  |
| Date of Birth |  |  | Postcode |  |

|  |  |
| --- | --- |
| Email Address |  |
| Home Telephone |  |
| Mobile |  |

|  |
| --- |
| **Proof of Identity Check – please provide one of the following:** |
| Passport | 🞏 |  | Driving Licence | 🞏 |
| Birth Certificate | 🞏 |  | Marriage Certificate | 🞏 |
| NHS Smart Card | 🞏 |  | Military Identity Card | 🞏 |

|  |
| --- |
| Required services- Please tick the services you would like to be able to access online**NB Not all of the services will be currently available at the time you sign-up.** |
| Appointments | 🞏 | *Booking & cancelling appointments* |
| Prescriptions (Repeat) | 🞏 | *Ordering repeat medications* |
| Prescriptions (Acute) | 🞏 | *Ordering one-off medications* |
| Core Summary Care Record | 🞏 | *Includes medication & allergies* |
| ***The Following options are not currently available, but will be in the future.*** |
| *Practice Communication* | *🞏* | *Email practice with non-urgent queries* |
| *Test Results* | *🞏* | *Blood tests, etc.* |
| *Documents* | *🞏* | *Hospital discharge summaries, etc.* |
| *Immunisations* | *🞏* |  |
| *Coded Medical Record* | *🞏* |  |
| *Full Medical Record* | *🞏* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |

|  |
| --- |
| For Practice staff – Complete on receipt of form and witnessing Identification |
| Identity Witnessed By |  |  | On Date |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Registration Added By |  |  | On Date |  |

For Practice staff – Complete when registration added