**The Waiting Room – Proxy SignUp Form**

**Please complete in BLOCK CAPITALS!**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient Details –** (Must be aged 16 or over)   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Surname |  |  | Forename |  | | Date of Birth |  |  | Postcode |  | |

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| **Proxy Details** Is the Proxy also a registered patient at this practice? **Yes** 🞏 **No**🞏   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Surname |  |  | Forename |  | | Date of Birth |  |  | Postcode |  |  |  |  | | --- | --- | | Email Address |  | | Home Telephone |  | | Mobile |  | |

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| **Relationship to patient – Please tick one** | | | | |
| **Parent /Guardian** | 🞏 |  | **Sibling** | 🞏 |
| **Spouse / Partner** | 🞏 |  | **Child** | 🞏 |
| **Registered Carer** | 🞏 |  | **Other Family Member** | 🞏 |
| **Other (please specify):** |  | | | |

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| **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): |  | | | |

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| **Proof of relationship to patient (please state documents provided to the practice)** |
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| 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* | | |
| *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* | *🞏* |  |

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| Signed (Patient): |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed (Proxy): |  | Date: |  |

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| --- | --- | --- | --- | --- |
| 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