# Application for Online Access to my Medical Record

If you wish to, you can now use the internet to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. Once you’ve completed this form and handed it to Reception, you will be given unique login details. **Please provide photo ID**. This will ensure that only you are able to access your record. **It will be your responsibility to keep your login details and password safe and secure.**

|  |  |  |
| --- | --- | --- |
| Surname: | | Date of birth: |
| First name: | | |
| Address:  Postcode: | | |
| Email address: | | |
| Telephone number: | Mobile number: | |

## I wish to have access to the following online services (please tick all that apply):

|  |  |
| --- | --- |
| 1. Booking appointments | 🞏 |
| 1. Requesting repeat prescriptions | 🞏 |
| 1. Accessing my medical record– Medication, Allergies & Adverse Reactions **(Available for Over 18s Only)** | 🞏 |
| 1. Accessing my detailed coded record – In addition to above – Results, Immunisations, Problems, Diagnoses and Procedures.   **(Available for Over 18s Only)** | 🞏 |
| 1. Accessing my Clinical Documents and free text information from 1st April 2017 – In addition to above.  **(Available for Over 18s Only)** | 🞏 |

By signing this form you accept responsibility for keeping your log-in details and any information you see or download from your record safe and secure. If you know or suspect that your log-in details have been compromised, then you should change your password immediately and let us know. If there is any information displayed that you don’t agree with, please speak to your Doctor.

Patient Signature:………………………………………………… Date:……………………….