

The Waiting Room Patient Sign Up Form



The Waiting Room

SURNAME* _____	FORENAME* _____
DATE OF BIRTH* _____	Postcode _____
Email – 1* _____	<input type="checkbox"/> Preferred
Email - 2 _____	
Home Tel _____	Mobile _____
<p>Required Identity Documents - One/Two of : Tick the documents you will present.</p> <p>Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Driving Licence <input type="checkbox"/></p> <p>Utility Bill <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Bank statement <input type="checkbox"/></p> <p>Other (please specify) _____</p>	
<p>Required Services - Please tick the services you would like to be able to access online NB Not all of these services <u>may</u> be currently available at your practice at the time of sign up.</p> <p>Appointments <input type="checkbox"/> ◀ booking and cancelling appointments</p> <p>Prescriptions <input type="checkbox"/> ◀ ordering medication</p> <p style="padding-left: 20px;">Repeat medication <input type="checkbox"/></p> <p style="padding-left: 20px;">One off medication <input type="checkbox"/></p> <p>Core Summary Care Record <input type="checkbox"/> ◀ Includes medication and all allergies</p> <p>Practice Communication <input type="checkbox"/> ◀ email practice with NON urgent queries</p> <p>Test Results <input type="checkbox"/> ◀ blood tests etc.</p> <p>Documents <input type="checkbox"/> ◀ Hospital discharge summaries etc.</p> <p>Immunisations <input type="checkbox"/></p> <p>Coded medical record <input type="checkbox"/></p> <p>Full medical record <input type="checkbox"/></p>	
<p>How would you prefer to receive the login details for online access?</p> <p>By email <input type="checkbox"/> Printed form - pickup at practice <input type="checkbox"/> Posted <input type="checkbox"/></p>	

Signed: _____ Date: _____