**GRENOSIDE SURGERY and WADSLEY BRIDGE MEDICAL CENTRE**

[www.grenosidesurgery.com](http://www.grenosidesurgery.com)

<https://patient.emisaccess.co.uk/>

**Access to GP Online Services Patient Registration Form (Adult)**

|  |  |
| --- | --- |
| **Surname** |  |
| **First Name** |  |
| **Date of birth** |  |
| **Address** |  |
| **Postcode** |  |
| **Email address** |  |
| **Telephone Number**  |  | **Mobile Number** |  |

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

|  |  |  |
| --- | --- | --- |
| **1** | **Booking Appointments** |  |
| **2** | **Requesting Repeat Prescriptions** |  |
| **3** | **Immunisations, Allergies and Medication Information** |  |
| **4** | **Detailed Coded Records (Optional)** |  |

**Application for online access to my medical records**

**I wish to access my medical record online and agree with each statement (Please tick)**

|  |  |  |
| --- | --- | --- |
| **1** | **I will be responsible for the security that I see or download** |  |
| **2** | **If I choose to share my information with anyone else, this is at my own risk** |  |
| **3** | **I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement** |  |

|  |  |
| --- | --- |
| **Signature** | **Date** |

**THIS FORM MUST BE HANDED TO A MEMBER OF PRACTICE STAFF WHO WILL PRODUCE A PERSONALISED LETTER AND INDIVIDUAL ID TO ENABLE YOUR ON-LINE ACCESS**

*For practice use (to be used for existing patients –new patients are automatically registered)*

|  |  |  |  |
| --- | --- | --- | --- |
| Identity verified (tick all that apply) | Driving LicencePassportPhoto ID Utility BillBank StatementBank Card (signature witnessed)National Insurance Card  | Name of verifier | Date |
| Date online access created |  |  |  |
| Date passphrase sent  |  |  |  |
| Code 9RN added to records  |  |  |  |