

Darwen Healthcare
Patient Access Application Form

I would like to register for the on-line Medical Record Viewer, routine appointment booking & repeat prescription access service. I agree that I will read the information given to me by the Practice regarding the above and will adhere to the guidance provided in regards to booking appointments and ordering prescriptions on-line.

Surname		First Name(s)	
Address			
Date of Birth		Telephone	
Mobile Tel		Consent to be contacted by text message Yes /No	
Email			

Access Requested:

Standard Access

(Ability to book/cancel appointments, order prescriptions, view allergies & immunisation history)

Coded Access

I hereby certify the information to be true.

Signed.....

Date.....

Please submit this completed application form along with photo identification (i.e. photo driving licence or passport) to reception.

To be completed by Reception Staff

Copy of Proof of photo identification taken: *Passport* *Photo Driving Licence*

Register Patient for Patient Access + Instructions & Login details printed

Staff Name & Signature: Date.....

To be completed by Reception Staff

Document now to be scanned onto patient records.