FIRECLAY HEALTH
Your Health is Our Concern

Application for GP Online Services

Surname:	Date of birth:
First name:	
Address Postcode:	
Email address: *(BLOCK CAPITALS)*	
Mobile number:	

I wish to have access to:

☐ all the following Online Services *OR tick Services required below if not all*

1. Booking appointments	☐
2. Requesting repeat prescriptions	☐
3. Accessing my core medical record (medication & allergies)	☐
4. Additional medical record access (test results & immunisations)	☐

More detailed record access requires a further application form - ask at Reception for details

I understand and agree with each of these statements:

1. I have read and understood the information leaflet provided by the practice
2. I will be responsible for the security of the information that I see or download
3. If I choose to share my information with anyone else, this is at my own risk
4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible
5. If I see information that is not about me or is inaccurate, I will contact the practice as soon as possible
6. If I am under pressure to give access to someone else unwillingly I will contact the practice as soon as possible

Signature	Date

Practice use only

EMIS ID	Date
Identity verified by *(initials)*	Vouching ☐ Photo ID ☐ 2nd form of ID ☐