**ASCOT MEDICAL CENTRE**

**EMIS Patient Access Application Form**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMIS Patient Access allows you to use on-line services to book appointments, order repeat medication and view your medical records. **Parents are now able to have access for their children. Discretion for minimum age to be applied.**

To register to use Patient Access, all patients will need to complete this form and hand it to a member of Radnor House Surgery Reception staff, together with any of the following photographic ID:-

* Photo driving licence \* Passport \* Disabled drivers pass
* Student ID card \* Travel card

To verify identification, completed forms **must** be presented to reception in person by the person requesting access.

**Once reception has verified your ID they will issue you with your registration letter.**

Patient to complete:

|  |  |
| --- | --- |
| Name:- |  |
| D.O.B.:- |  |
| Address:- |  |
| Home Tel No:- |  |
| Mobile No:- |  |
| E-mail address:- |  |

□ I am the patient

Patient Signature: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**----------------------------------------------------------------------------------------------------------------------------------------------**

***For completion by Surgery Staff only***

|  |  |
| --- | --- |
| **Proof of ID seen**  | Yes / No |
| **Form of ID seen** | □ Driving licence □ Passport□ Disabled Drivers Pass □ Student ID card□ OAP Travel card□ Other |
| **Access PIN letter printed** | Yes / No Date: |
| **Access Registration code** | Yes / No Date: |

*Staff Signature:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Staff Print:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*