ASCOT MEDICAL CENTRE

Brook House, Brook Avenue
Heatherwood Hospital
Ascot SL5 7GB
Telephone: 01344 874011
Website: https://ascotmedicalcentre.nhs.uk/

EMIS Application Form for Online Access to the Practice Online Services

Surname:	Date of Birth:
First Name:	
Address: Postcode:	
Email Address:	
Telephone Number:	Mobile Number:

I wish to have access to the following online services (please tick all that apply):	
1. Booking appointments	☐
2. Requesting repeat prescriptions	☐
3. Accessing my medical record	☐

I wish to access my medical record online and understand and agree with each statement (tick)	
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 in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	☐
6. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible	☐

Patient Signature:	**Date:**

For practice use only	
Patient NHS Number:	Practice Computer ID Number:
Identity verified by (initials) and Date:	☐ Vouching ☐ Vouching with information in record ☐ Photo ID and proof of residence
Documentary evidence provided:	
Authorised by:	**Date:**
Date account created:	
Date login credentials emailed / given:	
Level of record access enabled: ☐ Detailed coded record ☐ All prospective ☐ All retrospective	Notes / Explanation:
Date clinical assurance completed:	Assured by:
Reason for refusal if record access is refused after clinical assurance:	