

Forest House Surgery

Application for Systmone online access

Surname	Date of birth
First name	
Address	
Postcode	
Email address	
Telephone number	Mobile number

By registering for online facilities I understand I will have access to all of the following:

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my brief summary care record (Current medication, allergies, adverse reactions)	<input type="checkbox"/>

I wish to access my summary care record online and understand and agree with each statement (please tick the following)

4. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
5. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
6. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
7. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>

Failure to agree to all of the above conditions will unfortunately mean we are unable to agree to your request for access.

Signature	Date
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For practice use only

Patient NHS number	
Identity verified by (Name)	Method Passport/Driving Licence <input type="checkbox"/> Non-Photo ID <input type="checkbox"/> Proof of residence <input type="checkbox"/> Parent ID (Under 14) <input type="checkbox"/>
Date account created	

Once completed please register the patient for 'systmonline' and then pass this form to clerks for scanning on to patient record