

The Waiting Room Patient Sign Up Form



The Waiting Room

SURNAME* _____	FORENAME* _____																						
DATE OF BIRTH* _____	Postcode _____																						
Email – 1* _____	<input type="checkbox"/> Preferred																						
Email - 2 _____																							
Home Tel _____	Mobile _____																						
<p>Required Identity Documents - One/Two of : Tick the documents you will present.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Passport <input type="checkbox"/></td> <td style="width: 25%;">Birth Certificate <input type="checkbox"/></td> <td style="width: 25%;">Driving Licence <input type="checkbox"/></td> <td style="width: 25%;"></td> </tr> <tr> <td>Utility Bill <input type="checkbox"/></td> <td>Marriage Certificate <input type="checkbox"/></td> <td>Bank statement <input type="checkbox"/></td> <td></td> </tr> </table> <p>Other (please specify) _____</p>		Passport <input type="checkbox"/>	Birth Certificate <input type="checkbox"/>	Driving Licence <input type="checkbox"/>		Utility Bill <input type="checkbox"/>	Marriage Certificate <input type="checkbox"/>	Bank statement <input type="checkbox"/>															
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<p>Required Services - Please tick the services you would like to be able to access online NB Not all of these services <u>may</u> be currently available at your practice at the time of sign up.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">Appointments <input type="checkbox"/></td> <td style="width: 60%;">↙ booking and cancelling appointments</td> </tr> <tr> <td>Prescriptions <input type="checkbox"/></td> <td>↙ ordering medication</td> </tr> <tr> <td style="padding-left: 20px;">Repeat medication <input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">One off medication <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Core Summary Care Record <input type="checkbox"/></td> <td>↙ Includes medication and all allergies</td> </tr> <tr> <td>Practice Communication <input type="checkbox"/></td> <td>↙ email practice with NON urgent queries</td> </tr> <tr> <td>Test Results <input type="checkbox"/></td> <td>↙ blood tests etc.</td> </tr> <tr> <td>Documents <input type="checkbox"/></td> <td>↙ Hospital discharge summaries etc.</td> </tr> <tr> <td>Immunisations <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Coded medical record <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Full medical record <input type="checkbox"/></td> <td></td> </tr> </table>		Appointments <input type="checkbox"/>	↙ booking and cancelling appointments	Prescriptions <input type="checkbox"/>	↙ ordering medication	Repeat medication <input type="checkbox"/>		One off medication <input type="checkbox"/>		Core Summary Care Record <input type="checkbox"/>	↙ Includes medication and all allergies	Practice Communication <input type="checkbox"/>	↙ email practice with NON urgent queries	Test Results <input type="checkbox"/>	↙ blood tests etc.	Documents <input type="checkbox"/>	↙ Hospital discharge summaries etc.	Immunisations <input type="checkbox"/>		Coded medical record <input type="checkbox"/>		Full medical record <input type="checkbox"/>	
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<p>How would you prefer to receive the login details for online access?</p> <p>By email <input type="checkbox"/> Printed form - pickup at practice <input type="checkbox"/> Posted <input type="checkbox"/></p>																							

Signed: _____ Date: _____