

The Waiting Room Proxy Sign Up Form



The Waiting Room

Patient Details:

SURNAME* _____ **FORENAME*** _____
DATE OF BIRTH* _____ Postcode _____

Proxy Details: Is the Proxy also a registered Patient at this practice? Yes No

SURNAME* _____ **FORENAME*** _____
DATE OF BIRTH* _____ **Postcode*** _____

Address* _____

Email – 1* _____ Preferred

Email - 2 _____

Home Tel _____ Mobile _____

Required Identity Documents of Proxy - One/Two of : Tick the documents you will present.

Passport Birth Certificate Driving Licence
Utility Bill Marriage Certificate Bank statement

Other (please specify) _____

Relationship to Patient Please tick one

Parent / Guardian Sibling
Spouse / Partner Child
Registered Carer Other family member _____
Other Please specify _____

Proof of Relationship to Patient (please state documents provided to practice)

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Requested Services - Please tick the services the Patient would like the Proxy to be able to access online

NB Not all of these services may be currently available at your practice at the time of sign up.

- | | | |
|-----------------------------------|--------------------------|---|
| Appointments | <input type="checkbox"/> | ↳ booking and cancelling appointments |
| Prescriptions | | ↳ 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"/> | |

How would the Proxy prefer to receive the login details for online access?

By email Printed form - pickup at practice Posted

Signed (patient): _____ Date: _____