

EMIS Access (ONLINE APPOINTMENT BOOKING & MEDICATION ORDERING) – PATIENT APPLICATION FORM

Please complete this form and hand it to the practice, please also provide your proof of identity. Once we have received your form and seen the necessary proof of identity we will print you a registration letter which you can use to register for your on-line appointment booking and medication ordering account and post this to you. Please note that each individual family member would need to complete this application form as each individual needs to have their own account.

Name:	
D.O.B:	
Address:	
Tel No:	
Mob No:	
Email address: <i>Please print clearly</i>	

By providing your mobile number you are consenting to receiving FREE text reminders of your appointments, if you DO NOT want to receive a FREE text appointment reminder please tick this box

Practice Staff Only:

Proof of ID provided e.g. passport, utility bill, driving licence:	Yes/No
Identity Confirmed:	Yes/No
Means of Identity e.g. utility bill	
Patient Number	
Date Online Access Registration Letter Sent	

Patients Signature:	
Date:	

If you would like to set-up an account for a child under the age of 16, you need to complete this form on behalf of them and ensure that you login under their account if you need to make an appointment for them. You must ensure that you use the relevant account to make an appointment for the relevant person. If the child reaches 16, for confidentiality reasons you must ensure that the child contacts us again so that we can re-register their account and provide the relevant details direct to them.