

Scott Park Surgery

Emis Access Application Form for Online Patient Access

I would like to register for the online access services.

I agree that I will read the information given to me by the Practice regarding the above and will adhere to the guidance.

I understand that I may be contacted by the Practice to assess this service and I am happy to provide the above information to Scott Park Surgery and its Patient Reference Group for the purpose of receiving information, patient surveys and newsletters.

Surname		First Name(s)	
Address			
Date of Birth		Telephone	
Mobile Tele		Consent to be contacted by text message and to opt-in the appointment reminder text service ? Yes / No	
Email			

I hereby certify the information to be true.

Signed**Date.....**

Please submit this completed application form along with photo identification (i.e. photo driving licence or passport) to reception, which will be saved on you clinical record.

Please collect your login details in person allowing 3-5 working days to process.

To be completed by Reception Staff

Copy of Proof of photo identification taken: ☐ *Passport* ☐ *Photo Driving Licence*

Contact Details Updated on Computer: *Telephone & Mobile Phone Numbers* ☐ *Email Address* ☐

Register Patient for Patient Access on EMISWeb + Instructions & Login details printed ☐

Staff Name & Signature: Date.....

To be completed by Patient

Signature of Patient or Parent/Guardian.....

Date of login details collected:

To be completed by Reception Staff

Document is now filed in patient's medical records with copy of ID ☐
