



GP ONLINE SERVICES REGISTRATION

In order to access GP Services Online, please complete the below form and either return it to our Reception or email it to online.farnhamdene@nhs.net. You will be required to show proof of ID, so if emailing please also send a copy of your driving licence or passport.

| | |
|--|--|
| NAME: | |
| DATE OF BIRTH: | |
| ADDRESS: | |
| LANDLINE TELEPHONE: | |
| MOBILE: | |
| EMAIL ADDRESS: | |
| I GIVE MY CONSENT FOR MY LOGIN DETAILS TO BE <u>EMAILED</u> TO ME | Please tick the relevant box YES <input type="checkbox"/> NO <input type="checkbox"/> |
| I WOULD PREFER TO COLLECT MY LOGIN DETAILS IN PERSON | Please tick the relevant box YES <input type="checkbox"/> NO <input type="checkbox"/> |
| I AM AWARE THAT I AM RESPONSIBLE FOR THE SECURITY OF THE INFORMATION I SEE OR DOWNLOAD | Signature of patient/on behalf of patient |
| I WILL CONTACT THE PRACTICE AS SOON AS POSSIBLE IF I SUSPECT MY ACCOUNT HAS BEEN ACCESSED BY SOMEONE WITHOUT MY AGREEMENT | Signature of patient/on behalf of patient |
| MAY WE USE THE ABOVE CONTACT DETAILS TO EMAIL/TEXT YOU ABOUT OTHER MATTERS EG. ADVISING YOU OF FLU CLINICS, APPOINTMENT REMINDERS | Please tick the relevant box YES <input type="checkbox"/> NO <input type="checkbox"/> |
| To be completed by Farnham Dene staff | ID verified? Initials |

Please note that logins for children under the age of 16 will only enable them or their parent to access online appointments and prescriptions.

We will contact you shortly with your new login details. Thank you.