** GP ONLINE SERVICES REGISTRATION**

In order to access GP Services Online, please complete the below form and return it to our Reception. You will be required to show proof of ID. Alternatively please email the form to online.farnhamdene@nhs.net and attach a proof of your ID.

**PLEASE PRINT DETAILS CLEARLY.**

|  |  |
| --- | --- |
| **NAME:** |  |
| **DATE OF BIRTH:** |  |
| **ADDRESS:** |  |
| **LANDLINE TELEPHONE:** |  |
| **MOBILE:** |  |
| **EMAIL ADDRESS:** |  |
| **I GIVE MY CONSENT FOR MY LOGIN DETAILS TO BE EMAILED TO ME** | Please tick the relevant box**YES NO**  |
| **I AM AWARE THAT I AM RESPONSIBLE FOR THE SECURITY OF THE INFORMATION I SEE OR DOWNLOAD** | Signature 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 |

|  |  |
| --- | --- |
| **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  NO**  |

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| **To be completed by Farnham Dene staff** | ID verified? Initials |