



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.

PLEASE PRINT DETAILS CLEARLY.

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 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 <input type="checkbox"/> NO <input type="checkbox"/>
To be completed by Farnham Dene staff	ID verified? Initials

If you are a parent or carer and would like to have access to a family member's online account, please ask reception for a Proxy Access form.