

# Primary Health Care Centre, Chopwell

## Online Services Application Form

- To:
1. Book an appointment with a doctor online
  2. Order repeat prescriptions online
  3. Update your contact details online
  4. Access Your Medical Record

In accordance with data protection principles, to enable access to our online services we require you to complete this form. Proof of identity is required.

**Name:** ..... **DOB:**.....

**Address:** .....  
.....

**Home Tele No:** ..... **Mobile Tele No:**.....

**Email address:** .....

I hereby authorise Chopwell Practice to release registration details to allow me to use online services. I understand that it is my responsibility to ensure that the details are kept safe and secure and not shared with anyone else.

I further agree to use the system in a responsible manner in accordance with all instructions given to me by Chopwell Practice and to immediately report any errors I encounter whilst using the system.

I am the patient: ☐

I am representing the patient ☐ capacity: .....(e.g. mother)  
(When representing a patient over 14 years old a letter of authority signed by them is required)

**Signed:** .....

**Print Name:** .....

**Address** if different from above .....  
.....

**Date:** .....

For surgery use only	
Identity confirmed	Yes / No
Identity provided e.g. Passport/Driving License	
PIN issued	Yes / No
Form passed for scanning	Yes / No

***Please hand form into reception***