**THE CROWN MEDICAL CENTRE**

**Application for online access to my medical record – Only available to patients over the age of 16**

|  |  |
| --- | --- |
| **Surname:** | **Forename:** |
| **Date of birth:** | |
| **Address:**  **Postcode:** | |
| **Email address:** | |
| **Telephone number:** | **Mobile number:** |

**I wish to have access to the following online services (please tick all that apply):**

|  |  |
| --- | --- |
| 1. Booking appointments |  |
| 1. Requesting repeat prescriptions |  |

If you wish to access your medical record online including your coded medical problems and lab results please ask receptionist for the form to complete.

|  |  |
| --- | --- |
| **Signature** | **Date:** |

**For practice use only**

|  |  |  |
| --- | --- | --- |
| **Patient NHS number** | | **Practice computer ID number** |
| **Identity verified by (Initials)** | **Date:** | **Method:**  **Photo ID & proof of residence**  **Children (See policy)** |

**Notes to be reviewed within 21 days of receipt**

Version 1 June 2016