**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