

### **GP ONLINE SERVICES REGISTRATION**

In order to access GP Services Online, please complete the below form and return it to our Reception. Please note you will be required to show proof of ID when returning the form.

NAME:	
DATE OF BIRTH:	
ADDRESS:	
HOME TELEPHONE:	
MOBILE:	
EMAIL ADDRESS: <b>NB MUST ALL HAVE INDIVIDUAL EMAIL ADDRESSES</b>	
I GIVE CONSENT FOR MY LOGIN DETAILS TO BE EMAILED TO ME	Please tick the relevant box YES <input type="checkbox"/> NO <input type="checkbox"/>
I WOULD PREFER TO COLLECT MY LOGIN DETAILS IN PERSON	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/on behalf 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/on behalf of patient
Please indicate your consent to use your email address and mobile number in order to contact you regarding Appointments and Health Campaigns.	Please tick the relevant box Email YES <input type="checkbox"/> NO <input type="checkbox"/> Text YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Verification and Initials to be completed by River Wey Medical Staff</b>	ID verified Initials YES NO

Please note that logins for children under the age of 16 will only enable them or their parent to access online appointments and prescriptions.

We will contact you shortly with your new login details. Thank you.