Registration For Access to GP Online Services

For children aged 0-12

Patient/child details:

First Name:

Surname:

Date of birth: Age:

Address:

Postcode:

Telephone number:

Proxy user:

Adult acting on behalf of child.

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

* Booking my appointments
* Requesting my repeat prescription
* Updating my contact details (demographics)
* Secure online access to my full electronic GP record

I will be responsible for the security of the information that I see or download

If I choose to share information with anyone else, this is at my own risk

I will contact the Practice as soon as possible if I suspect that this account has been accessed bu someone without my agreement.

If I see information in the reocrrd that is not about the child, or inaccurate, I will contact the Practice as soon as possible.

Parental responsibility

Please tick one of the blow:

* If the birth mother
* If the birth father and married to the mother at the time of child’s birth or subsequently
* If the birth father and not married to the mother, but the child was born after 01/12/2003 and father’s name is on the birth certificate
* If an adoptive parent
* If the child’s legal guardian
* If has court-appointed parental responsibility
* Other – please specify:

1st Proxy User details:

Full Name:

Date of birth:

Address:

Telephone Number:

Email address:

Are you already registered at Latham House for GP online services? Yes

No

Relationship to child:

Signature:

Date:

**For Reception use: ID FOR ALL PARTIES REQUIRED**

Patient:

NHS number: GP:

Tick all that apply:

* Personal vouching
* Vouching with information in record
* Birth certificate/ Passport/ Photo Driving Licence
* Proof of residence

Identiful Verified by (full name):

Sign: Date:

Proxy 1:

Tick all that apply:

* Personal vouching
* Vouching with information in record
* Birth certificate/ Passport/ Photo Driving Licence
* Proof of residence
* Does this proxy have PARENTAL RESPONSIBILTY?

Identiful Verified by (full name):

Sign: Date:

Advise proxy that the Practice will contact to collect registration details if proxy is not already registered for online access.

Otherwise, proxy will be automoatically activated once GP has approved application.

**PLEASE RETURN FORM TO PATIENT SERVICES REGISTRATION PROCESSING**