

SystemOnline Application Form

I wish to have access to the following SystemOnline service(s) (please tick appropriate boxes):

- Summary Record Access**
 Appointment Management
 Prescription Management
 Summary Care Record (SCR)
- Detailed Coded Record (DCR) Access**** (16 years and over only)
 Appointment Management
 Prescription Management
 Summary Care Record (SCR)
 Coded Entries

For further information on the services available please refer to the SystemOnline information leaflet

Patient Details:

Title:		First name:		Surname:	
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Date of Birth:	
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Home telephone number:	
Mobile telephone number:	I consent to receive SMS messages from the practice <input type="checkbox"/>
E-mail address:	I consent to receive emails from the practice <input type="checkbox"/>
Preferred Method of Contact:	SMS <input type="checkbox"/> E-mail <input type="checkbox"/> Letter <input type="checkbox"/>

I have read and understood the information and terms and conditions in the SystemOnline information leaflet provided to me

Patient Signature:	
Date:	

I would like to:	Collect my log-in details in person from reception and will present photo ID upon collection <input type="checkbox"/>	Receive my log-in details via email <input type="checkbox"/> (Subject to verification)	Receive my log-in details via SMS <input type="checkbox"/> (Subject to verification)
	Please inform me they are ready for collection by: Telephone <input type="checkbox"/> SMS <input type="checkbox"/> Email <input type="checkbox"/>		

FOR PRACTICE USE ONLY:

ID verified by (staff member):	Date:
ID #1 Type:	ID #2 Type:
ID #1 Number:	ID #1 Number:
Registered on:	Notes:
DCR access actioned:	