**SANDGATE ROAD SURGERY**

**180 Sandgate Road**

**Folkestone**

**Kent CT20 2HN**

**Online Access to Patient Services**

**Patient Registration Form**

**Appointment Booking and Cancellation**

* Patients can book 10 minute routine GP appointments online
* Only 2 online appointments can be booked at any time.
* Online appointments may be cancelled online if no longer needed. Please ensure you cancel any unwanted appointments as soon as possible.
* You can check online to see any appointments you have booked

**Repeat Prescription Requests**

* You can check online to see what repeat medication is currently authorised for you to re-order.
* You can re-order your repeat medications online.
* You can check to see whether your request has been accepted or rejected online before you collect your prescription
* You should allow two working days from submitting a request before collecting it.

**Who can apply?**

* Patients must be aged 18 years or over to register for an online account. Please use this form.
* You will need to provide an e-mail address so we can send you the log in details and instructions on how to access the system

Please read the Online Services using Patient Access Information Leaflet before completing this form.

Please turn over

**I would like to register to use the practice’s online services:  
□ Online booking of appointments / cancelling**

**□ Online ordering of repeat prescriptions**

|  |  |
| --- | --- |
| I agree to use the system in a responsible manner in accordance with all instructions given to me by the practice. If not access may be withdrawn. | YES / NO |
| I agree that it is my responsibility to keep secure the username and passwords I will be given. If I think these have been shared inappropriately I will reset them using the instructions supplied. | YES / NO |
| I agree that my details below may be used to contact me about how useful I find the service and whether it could be improved. | YES / NO |
| I agree that online services are provided at the discretion of the practice and may be withdrawn by the practice at any time. | YES / NO |
| I understand that I cannot use this service as a means of communication with the surgery for other purposes and will not use it for urgent matters. | YES / NO |

**Patient details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname |  | | | | | | | | | | | | | | | | | | |
| First Name |  | | | | | | | | | | | | | | | | | | |
| Date of Birth |  | | | | | | | | | | | | | | | | | | |
| Address |  | | | | | | | | | | | | | | | | | | |
| Post Code |  | | | | | | | | | | | | | | | | | | |
| Telephone Number |  | | | | | | | | | | | | | | | | | | |
| Mobile Number |  | | | | | | | | | | | | | | | | | | |
| Email |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

To be signed at time of registration by:

Patient signature…………………………………………………………………

Print Name…………………………………………………………………………..Date……………………

Patient known or photo ID checked by……………………………………………….(print name)