



BURNHAM & BERROW MEDICAL CENTRE

Application for GP Online access

To sign up for GP Online Access, please complete this form and bring it with you to the Surgery together with 2 forms of documentary evidence to confirm your identity. Please see attached list for acceptable ID Documents.

If you have commenced the registration for online services via one of the websites eg Patient Access, Evergreen, etc, please note we are unable to activate your GP Online access until we have received your completed application form.

Our Postcode is TA8 1EU, Burnham & Berrow Medical Centre.

Surname:	Date of Birth:
First Name(s):	
Address:	
Postcode:	
Email address: <i>(Please note, we cannot accept shared email addresses)</i>	
Home Tel No:	Mob No:
The following online services are available: <i>(Please tick which of these services you would like to access – please tick all that apply)</i>	
1. Requesting repeat prescriptions and viewing your medication <input type="checkbox"/>	
2. You can request to update your contact details: a. Home address (please note we are unable to continue to register patients who live outside of the Practice Area and you will be asked to register with a Practice that covers that address) <input type="checkbox"/> b. Email address c. Mobile number	
3. Accessing your medical record for the following things: a. Allergies b. Laboratory test results c. Immunisations <input type="checkbox"/> d. Problems (Conditions / diagnoses) e. Consultations f. Documents	
4. Booking and cancelling appointments (Once set up you will need to access via our website – www.burnhamandberrowmedicalcentre.co.uk as our appointments system is different to our clinical system). You will receive separate instructions for appointments. <input type="checkbox"/>	
I wish to access my medical record online and understand and agree with each statement below (please tick to confirm):	
1. I have read and understood the information leaflet provided by the practice <input type="checkbox"/>	
2. I will be responsible for the security of the information that I see or download <input type="checkbox"/>	
3. If I choose to share my information with anyone else, this is at my own risk <input type="checkbox"/>	
4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible <input type="checkbox"/>	
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible <input type="checkbox"/>	
6. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible <input type="checkbox"/>	
Signature:	Date:

For Practice Use Only

Patient NHS number	EMIS number
Photographic Evidence Seen eg Passport	Address Evidence seen eg bank statement
Identity verified by (Name)	Date

NB - If the patient is unable to produce suitable ID verification, then please accept this application form and we will make arrangements for alternative ways to confirm ID. Until this has been completed GP Online access cannot be activated.

Please pass to Registrations

Comments re alternative ID verification	
Identity verified by (Name)	Date