# Patient Services - Patient registration form

To register for this online service please complete the form below and return it to **your practice in person,** **along with a valid form of identification, for example photo ID or your passport.** Once you are registered the practice will give you the information that will enable you to create a username and password.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patient details | Please complete in BLOCK CAPITALS | | | | | | | | | | | | | | | | | | | |
| Patient forename |  | | | | | | | | | | | | | | | | | | | |
| Patient surname |  | | | | | | | | | | | | | | | | | | | |
| Date of birth | D | D | / | M | M | / | Y | Y | Y | Y |  | | | | | | | | | |
| Email address  **This email address will be used by your practice to send you notifications and reminders.** |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Mobile number |  | | | | | | | | | | | | | | | | | | | |
| Signature |  | | | | | | | | | | | | | | | | | | | |
| Date | D | D | / | M | M | / | Y | Y | Y | Y |  |  |  |  |  |  |  |  |  |  |
| **Permission to receive text messages Yes/No** | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Staff use only |  | | | | | | | | | | |
| Patient ID seen |  | | | | | | | | | | |
| Type of ID |  | | | | | | | | | | |
| Staff name |  | | | | | | | | | | |
| Authorisation code issued |  | | | | | | | | | | |
| Date | D | D | / | M | M | / | Y | Y | Y | Y |  |

You can only use this form to register for yourself and **not** any other family member

Children under 16years cannot register for this service