

# BAY MEDICAL GROUP

## UNDER 16'S ONLINE APPOINTMENT & PRESCRIPTION ORDERING SERVICES APPLICATION FORM

By completing this form, I understand I will ONLY be able to book appointments and order repeat prescriptions online. If at a later date I decide I would like to view my medical record, I will need to provide 2 forms of ID (1 photographic and 1 proof of address). I understand medical record access is provided to patients who are aged **16 or over**.

I am completing this form for myself

*\* I am aware my GP will need to approve this before being sent my log in details*

I am a Carer/Parent completing this on behalf of a patient

| PATIENT DETAILS   |                |  |   |
|---|----------------|--|---|
| Title   | Mrs/Miss/Ms/Mr |  | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Surname   |                | Forename(s)  |   |
| Address   |                |  |   |
| Postcode  |                | Date of Birth  |   |
| NHS number<br>(if known)  |                | Email  |   |
| Home Tel. No.   |                | Work Tel. No.  |   |
| Mobile Tel. No.   |                | <b>Please ensure you inform the surgery of any changes</b> |   |
| <b>Declaration by patient:</b> <ul style="list-style-type: none"> <li>• By signing this form I understand I will be able to book Appointments and order Prescriptions ONLY.</li> <li>• I understand that I am responsible for registering myself for Patient Online Services with the linkage key provided.</li> <li>• I understand I am responsible for securing my log in details to prevent unauthorised persons from accessing my account online.</li> <li>• In the event that my security details have been compromised I will inform the Practice immediately so that access can be blocked and a new linkage key issued.</li> <li>• If at any time I wish to close my account, I will inform the practice in writing.</li> </ul> |                |  |   |
| Signature (Patient)   |                | Date   |   |

## Application for Online Services – Under 16s Only

|   |                |               |   |
|---|----------------|---------------|---|
| <b>Please complete this section if you are the Carer/Parent of the patient requesting this service:</b>   |                |               |   |
| <b>CARER/PARENTAL DETAILS</b>   |                |               |   |
| Title   | Mrs/Miss/Ms/Mr | Forename(s)   |   |
| Surname   |                | Date of Birth | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Address   |                |               |   |
| Postcode  |                |               |   |
| Home Tel. No.   |                | Email         |   |
| Mobile Tel. No.   |                | Work Tel. No. |   |
| Relationship to Patient:  |                |               |   |
| Reason patient unable to apply for themselves:  |                |               |   |
| <b>Declaration by Carer/Parent:</b>   |                |               |   |
| <ul style="list-style-type: none"> <li>By signing this form I understand I will be able to ONLY book Appointments and order Prescriptions for the patient.</li> <li>I understand that I am responsible for registering myself for Patient Online Services with the linkage key provided.</li> <li>I understand I am responsible for securing my log in details to prevent unauthorised persons from accessing my account online.</li> <li>In the event that my security details have been compromised I will inform the Practice immediately so that access can be blocked and a new linkage key issued.</li> <li>If at any time I wish to close my account, I will inform the practice in writing.</li> <li><b>I understand that once the patient turns 16 my access will cease. If further access is required because the patient is unable to do this for themselves or lacks capacity; a further application will be required at the practice.</b></li> </ul> |                |               |   |
| Signature ( Carer/Parent)   |                | Date          |   |

**Thank you for completing this form. Please hand this to Reception.**

**FOR INTERNAL USE ONLY:**

- Reception - please pass this form to the Scanners.
- Scanners - please scan and then send to the IT Team.