



PATIENT INFORMATION:

FORNAME:		SURNAME:	
DATE OF BIRTH:		TEL NUMBER:	
EMAIL: CANNOT BE THE SAME AS ANOTHER PATIENT			

REQUIRED IDENTITY DOCUMENT: Please tick the document you will present. *please tick

PASSPORT:	<input type="checkbox"/>	DRIVERS LICENCE:	<input type="checkbox"/>	BANK STATEMENT:	<input type="checkbox"/>
UTILITY BILL:	<input type="checkbox"/>	BIRTH CERTIFICATE	<input type="checkbox"/>	MARRIAGE CERTIFICATE:	<input type="checkbox"/>
OTHER: (please state)	<input type="checkbox"/>				

***STAFF – PLEASE WRITE DOWN ID NUMBER*:**

REQUIRED SERVICES: Please tick the services you would like to be able to access online. (Services listed below currently available at your practice at the time of sign up). *please tick

APPOINTMENTS:	<input type="checkbox"/>	View, book and cancel appointments on the waiting room.
PRESCRIPTIONS:	<input type="checkbox"/>	Order, cancel and see live updates on your prescription. This option includes both repeat and acute medication.

ADDITIONAL USERS REQUIRED: If you have children that you need to add to your account please write in their information below. *Children are classed as under 16 on the Waiting Room 2*

FULL NAME:	DATE OF BIRTH:	RELATIONSHIP: i.e.: son/daughter

How would you prefer to receive the activation codes for the waiting room? *please tick

By Email:	<input type="checkbox"/>	Printed form – to be collected from the practice	<input type="checkbox"/>
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SIGNED:		DATE:	
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SOUTHWAY SURGERY
THE WAITING ROOM
PATIENT SIGN UP FORM

OFFICE USE ONLY:

CHECK LIST FOR OFFICE USE:

PATIENT NUMBER: _____

PATIENT NAME: _____

PATIENT EMAIL: _____

RECORD ID PROVIDED / VOUCH INFORMATION: (type of ID/ who vouched for patient)

ACTIVATION CODES SENT?

READCODED #912P ADDED?

DATE COMPLETED: ____/____/____ BY: _____