



<b>PATIENT INFORMATION:</b>			
FORNAME:		SURNAME:	
DATE OF BIRTH:		TEL NUMBER:	
EMAIL: CANNOT BE THE SAME AS ANOTHER PATIENT			

<b>REQUIRED IDENTITY DOCUMENT:</b> Please tick the document you will present. *please tick			
PASSPORT:	<input type="checkbox"/>	DRIVERS LICENCE:	<input type="checkbox"/>
UTILITY BILL:	<input type="checkbox"/>	BIRTH CERTIFICATE	<input type="checkbox"/>
OTHER: (please state)	<input type="checkbox"/>		
<b>*STAFF – PLEASE WRITE DOWN ID NUMBER*:</b>			

<b>REQUIRED SERVICES:</b> 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.

<b>ADDITIONAL USERS REQUIRED:</b> 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

<b>How would you prefer to receive the activation codes for the waiting room?</b> *please tick			
By Email:	<input type="checkbox"/>	Printed form – to be collected from the practice	<input type="checkbox"/>

SIGNED:		DATE:	
---------	--	-------	--



**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: \_\_\_\_\_