

**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:

DRIVERS LICENCE:

BANK STATEMENT:

UTILITY BILL:

BIRTH CERTIFICATE

MARRIAGE CERTIFICATE:

OTHER: (please state)

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:

View, book and cancel appointments on the waiting room.

PRESCRIPTIONS:

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:

Printed form – to be collected from the practice

SIGNED:

DATE:



SOUTHWAY SURGERY
THE WAITING ROOM
PATIENT SIGN UP FORM

OFFICE USE ONLY:

CHECK LIST FOR OFFICE USE:

PATIENT NUMBER: _____

PATIENT NAME: _____

ACTIVATION CODES SENT?

READCODED #912P ADDED?

DATE COMPLETED: ____/____/____ BY: _____