Courtside Surgery

Adults & Over 16s - Application for online appointment booking, prescription ordering and optional access to my medical record

You must show a form of photographic ID (passport or driving licence) when applying for online access

Surname	Date of birth
First name	
Address Postcode	
Email address	
Telephone number	Mobile number

I wish to have access to the following online services (please tick all that apply):

1. Booking appointments	☐
2. Requesting repeat prescriptions	☐
3. My immunisation and allergy history	☐
4. My detailed coded record	☐
5. My test results	☐
6. Documents attached to my record	☐

I wish to access my medical record online and understand and agree with each statement (tick)

1. My GP may review my request and will consider whether it is in my best interest to have access to information in my record.	
2. I have read and understood the information leaflet provided by the surgery	☐
3. I will be responsible for the security of the information that I see or download	☐
4. If I choose to share my information with anyone else, this is at my own risk	☐
5. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	☐
6. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	☐

By signing below you will be accepting the terms as above

Signature	Date

Please tick this box if you are already registered for Patient Access at Courtside Surgery and are requesting to extend the services you have access to ☐

For practice use only

Patient NHS number		EMIS ID number
Identity verified by (initials)	Date	Method (not required if already registered for online services) Photo ID and proof of residence ☐ Vouching ☐ Vouching with information in record ☐
Date account created Date passphrase issued		
DCR requested ☐		
Records checked by (initials)		Date
Level of record access enabled Appointments ☐ Prescriptions ☐ Results☐ DCR ☐ Documents ☐		