



GP Online Services

Quick, easy and secure

- Book Appointments
- Order repeat prescriptions
- Access your Summary Care Record

At the Northolme Practice we offer the following online services:

- ✓ **Appointment booking** – you can book, view or cancel appointments.
- ✓ **Order repeat prescriptions** – order and view a list of your repeat prescriptions.
- ✓ **Access your Summary Care Record** – view your summary record. This includes medicines you are taking, allergies you suffer from and any adverse reactions to medicines you have had in the past..

How to access Online Services

For security reasons, you have to register for online services in person at the surgery, which takes just a couple of minutes.

Practice reception staff will verify your identity details and provide you with your online login details straight away.

It is important that this is as safe and secure as possible to maintain patient confidentiality.

Register today!

Please complete the application form overleaf and bring to the surgery reception.

You will also need to provide two forms of identification:

- 1) Photographic identification – e.g. passport, bus pass or driving licence
- 2) Proof of address – a recent utility bill or bank statement.

Online Services Registration form

Please complete your details below and bring to the surgery reception. You will also need to provide two forms of identification:

- 1) Photographic identification – e.g. passport, bus pass or driving license
- 2) Proof of address – a recent utility bill or bank statement.

Name	
Date of Birth	
Address	
Home Telephone	
Mobile number	
E-mail address	
I wish to have access to the following online services: [Please tick ✓] <input type="checkbox"/> Appointment Booking <input type="checkbox"/> Order Repeat Prescriptions <input type="checkbox"/> Summary Care Record	
I understand and agree with each statement: [please tick ✓] <input type="checkbox"/> I will be responsible for the security of the information that I see or download. <input type="checkbox"/> If I choose to share my information with anyone else, this is at my own risk. <input type="checkbox"/> If I suspect that my account has been accessed by someone without my agreement, I will contact the surgery as soon as possible. <input type="checkbox"/> If I see information in my record that is not about me or is inaccurate, I will contact the surgery as soon as possible. <input type="checkbox"/> If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible.	
Signature:	Date:

