

Pensilva Health Centre



If you would like to register for using Pensilva Health Centre's Patient Online Services including appointment booking and repeat prescription facility, please complete the form below.

Surname:	Date of Birth:
Forename:	
Address:	
	Postcode:
Home Tel:	Mobile Tel:
Email address:	

Please note your email address must be unique for each person registered, you cannot use the same email address to order for more than one person.

I would like access to the following please:

Booking appointments	<input type="checkbox"/>
Requesting repeat prescriptions	<input type="checkbox"/>

Important Information – Please read before returning this form

It will be your responsibility to keep your login details and passwords safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.

If you can't do this for some reason, we recommend you contact the practice so that they can remove online access until you are able to reset your password.

If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend you do not make copies at all.

I agree to the practice using my details to contact me and wish to register to access the online services of the practice.

1. I have read and understood the NHS approved information leaflet.	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk.	<input type="checkbox"/>
4. If I suspect that my account has been accessed by someone without my agreement, I will contact the Practice as soon as possible.	<input type="checkbox"/>
5. If I see information in my record that is not about me, is inaccurate or upsetting, I will contact the Practice as soon as possible.	<input type="checkbox"/>
6. If I think I may come under pressure to give access to someone else unwillingly, I will contact the Practice as soon as possible.	<input type="checkbox"/>

Signed: _____ Date _____

For more information about getting started with GP Online Services please visit:

www.nhs.uk/patientonline

What happens next:

Please return this form in person to the surgery with two forms of ID, preferably one form of photo ID and a proof of address. Please be aware that without proof of ID, we cannot register you for our online services.

Once we have received this form and your documents verified, you will receive an email from The Waiting Room, to verify your email address. Please be aware that you may need to check your junk mail as this is an automated email. Once this has been verified, you will receive another email with three codes. Please register an account at www.thewaiting-room.net and when prompted, please enter the three codes provided in your email.

For more information, please refer to our website – www.pensilvahealthcentre.co.uk – and click on ‘prescriptions’.

Office use only:

ID seen:

Document 1: _____

Document 2: _____

Verified By: _____ Date _____