EMIS Patient Access
Online Services – Adult Patient Registration Form

(Over 16 years only)

Please complete the form and return it to reception in person along with a valid form of ID

I wish to access my medical record online and understand and agree with the statement below (x)

1. I will be responsible for the security of the information that I see or download	
2. If I choose to share my information with anyone else, this is at my own risk	
3. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	
4. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible.	☐

Patient details Please complete in BLOCK CAPITALS

Patient Forename																		
Patients Surname																		
Date of Birth	D	D	/	M	M	/	Y	Y	Y	Y								
Mobile Number																		

Do you wish to receive text messages from us?	Yes:		No:

Address:	

Email Address	Your log on details will be emailed to you once your request has been approved

Patients Signature:										
Date:	D	D	/	M	M	/	Y	Y	Y	Y

I wish to access the following online service (tick all that applies):

Access to Booking Appointments, Repeat Prescriptions and Demographics	☐
Access to Full Medical Records Inc. Allergies, Problems, Immunisations, Test Results and Consultations (Please be aware this may take up to 2 weeks to complete)	☐

FOR PRACTICE STAFF USE ONLY

PATIENT NAME	
DOB	
ID TYPE	
VERIFIED TRUE LIKENESS	
STAFF NAME	
DATE	