YORK ROAD GROUP PRACTICE

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Patient Online: Registration form for a child proxy user (under 11 years) Access to GP online services

In order to authorise this proxy account access, the practice will need to see photographic identification from the guardian, and the patients birth certificate or care plan.

Patients Details

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

Proxy Details

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

Application for online access to my medical record

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

1. I have read and understood the information leaflet provided by the practice	☐
2. I will be responsible for the security of the information that I see or download	☐
3. If I choose to share my information with anyone else, this is at my own risk	☐
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	☐

5. If I see information in my record that it not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible	☐

1. Online appointments booking	☐
2. Online prescription management	☐
3. Would you like your representative to view your:	☐
Allergies	☐
Laboratory Test Results	☐
Documents	☐
Immunisations	☐
Problems	☐
Consultations	☐
4. Would you like your representative to view your full medical history or from the date you signed up?	
Full medical History	☐
Or	
From Todays Date	☐

Signature of parent or representative		Date	

For practice use only

ID of parent/representative	Photo ID ☐ Proof of residence ☐	Name of verifier	Date
Birth certificate, court order or looked after child information.	Birth Certificate ☐ Court Order ☐ Looked after Child information ☐	Name of verifier	Date
Name of person who authorised the account.			Date