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Patient Registration Form for Online Services

Appointment Booking and Cancellation

- Patients can book GP appointments online.
- Online appointments may be cancelled online if no longer needed. Please ensure you cancel any unwanted appointments as soon as possible.
- You can check online to see any appointments you have booked.

Repeat Prescription Requests

- You can check online to see what repeat medication is currently authorised for you to re-order.
- You can re-order your repeat medications online.
- You can check to see whether your request has been accepted or rejected online before you collect your prescription.
- You should allow 48 hours from submitting a request before collecting it.

Who can apply?

- Patients must be aged 16 years or over to register for an online account. Please use this form.
- Parents may apply for an account on behalf of their children where both parent and child are registered at the practice, and the child is aged under 12. Please ask for separate form.
- Carers may apply on behalf of patients they care for where both are registered at the practice and the carer has legal power of attorney for the patient or has been given explicit patient consent. Please ask for separate form.

I would like to register to use the practice's online services:

- Online booking of appointments / cancelling**

- Online ordering of repeat prescriptions**

I agree to use the system in a responsible manner in accordance with all instructions given to me by the practice. If not access may be withdrawn.	YES / NO
I agree that it is my responsibility to keep secure the username and passwords I will be given. If I think these have been shared inappropriately I will reset them using the instructions supplied.	YES / NO
I agree that my details below may be used to contact me about useful I find the service and whether it could be improved.	YES / NO
I agree that online services are provided at the discretion of the practice, and may be withdrawn by the practice at any time.	YES / NO

PLEASE BRING SOME FORM OF PHOTO ID TO RECEPTION AND ASK TO REGISTER FOR PATIENT ACCESS

Patient details

Surname	
First Name	
Date of Birth	
Address	
Post Code	
Telephone Number	
Mobile Number	
Email	

To be signed at Reception by patient:

Print Name:

Date: