As part of our Practice policy we are offering a New Patient health-check with a Health Care Assistant to anyone aged between 40 and 75. If you should like to take this up please contact reception to make an appointment for a ‘Registration Health check’.

If you would like to nominate a local pharmacy, please indicate below.

Glenfield Pharmacy: \_\_\_\_\_\_\_\_\_\_\_\_\_ Well, Groby : \_\_\_\_\_\_\_\_\_\_\_\_\_ Masons, Ratby: \_\_\_\_\_\_\_\_\_\_\_

Mornigside Pharmacy: \_\_\_\_\_\_\_\_\_\_\_ Well, Anstey: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parkem Pharmacy: \_\_\_\_\_\_\_\_\_\_ Village Pharmacy, Kirby Muxloe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient Access**

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| **On-line Services**  Once your application to join our practice has been accepted you’ll be able to register with our on-line service provider (SYSTMONE) and access appointments, prescriptions and view certain aspects of your medical records (DCR) via the internet. This service is known as **Patient Access**.  ***All of the details that you need for this are available on our practice website at*** …[www.theglenfieldsurgery.co.uk](http://www.theglenfieldsurgery.co.uk) ***or PLEASE SEE ATTACHED FORM TO REGISTER.***  This service is available to everyone with a valid email address.  ***We can only accept your request for Patient Access if your email address is valid and not shared by another person.*** |

We aim to have patient’s registered within 2-3 working days or less but, due to practice workloads this may take a few days longer.

If there are any problems with your registration we’ll contact you to clarify any issues.

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| **Print Name**  **\*Sign** |  | **\*Date** |

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| **Signed on behalf of patient** (*if applicable*)  (e.g. adults lacking capacity) |  |
| Relationship to Patient: |  |

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| **FOR OFFICE USE ONLY** |
| **PHOTO ID  TYPE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ADDRESS ID  TYPE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Seen \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Staff Name:…………………………………………………………… Date Accepted: ………………………………….**  **Checked by …………………………………………………………... Date ……………………………………** |