

SWAN SURGERY

Swan Street, Petersfield, Hants, GU32 3AB
Tel 01730 264011 | Fax 01730 231093 | www.swansurgery.co.uk

Patient Access – Patient Application form

Patient to complete:

Name:
Date of Birth:
Address (include post code):
Home Tel No:
Mobile Tel No
Work Tel No:
Email address:
I do / do not give permission for messages to be left on my answer phone and/or mobile. (Please delete as appropriate)

Now please come to the surgery one afternoon (preferably after 2pm) with :

- Photographic proof of identification eg passport or driving licence and

- Proof of address eg a utility bill

To ensure confidentiality we are only able to accept registrations in person – ie you cannot give your details to anyone else to register for you

Please do not complete below this line until you are with the surgery staff

Surgery staff to complete:

Proof of photo ID seen – eg passport, driving licence

Proof of address seen – eg utility bill / bank statement

Date of birth checked with EMIS record(must be over 16yrs)

Patient has a copy of, & understands the patient guidance notes. (enter date on guidance notes given)

Patient Disclaimer - to be completed at the surgery

I have understood and will adhere to the Swan Surgery Guidance notes which I have been given for the use of Patient Access. It is my responsibility to keep my Patient Access account secure by keeping my log in details confidential. I understand that I can terminate my account at any time by contacting the surgery, or change my log in details by re-registering, and that this form will be kept on my electronic records.

Signed

Date

For surgery staff –

1. Issue Access Pin document (F5, identify patient, WP, K, Double click Access PIN folder, Open Access Pin document and print).
2. Update any changes from to address details from the application form.
3. Code as 91B (Macro RDOK from Main Screen) when update complete and put your initials here:
.....
4. This document to be scanned to the patient record 'Online Access' and then shredded.