**Ardmore Medical Centre**

**Online Services – Patient registration Form**

**Please note this is only available to patients over the age of 16 years.**

If you would like to register for online services please complete this form and hand It back to the practice receptionist in person, along with a valid form of photographic identification e.g your passport or driving licence.

Once you have been registered, the receptionist will give you the information that will enable you to create a username and password to access the online services.

**Please read this information carefully and follow the instructions provided.**

|  |  |
| --- | --- |
| **Patient details** | **Please complete in BLOCK CAPITALS** |
| **Patient forename:** |  |
| **Patient Surname:** |  |
| **Date of birth:** |  |
|  |  |
| **Email address:****This email address will be used by the practice to send notifications/reminders** |  |
| **Signature:** |  |
| **Date:** |  |
| **Completing the form on behalf of someone** |
| **Print forename:** |  |
| **Patient surname:** |  |
| **Relationship to patient:** |  |
| **Signature:** |  |
| **Date:** |  |

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| --- |
| **Staff use only** |
| **Patient ID seen** |  |
| **Type of ID:** |  |
| **Staff name:** |  |
| **Date:** |  |