

WESTBANK PRACTICE

Starcross & Exminster Surgery

SystemOne Online Application Form

You need to bring along some photographic proof of identification to become registered, acceptable forms of Photo ID include:

Please tick box Valid Passport Photo Driver's License UK Citizens Card
 NHS ID Card Police ID Card Older Person's Bus Pass

To ensure confidentiality we are only able to accept registrations in person. Once we can verify your identity we can register you and provide you with your login details.

Name.....

Address.....

.....

Home Telephone No.....

Work Telephone No.....

Mobile Telephone No.....

I consent to receiving patient relevant information via email and SMS text message

Email address.....

Date of Birth..... Age.....

I wish to have access to the following online services **(please tick all that apply)**:

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my detailed medical record	<input type="checkbox"/>

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

1. I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see, print or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	<input type="checkbox"/>
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>
6. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible.	<input type="checkbox"/>

I have understood and will adhere to the Westbank Practice User Policy which I have been given for the use of 'SystemOnline'. It is my responsibility to keep my account secure by keeping my log in details confidential as well as anything that I print out from my medical record. 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.....

Please complete the additional information overleaf

The following information is optional but very useful for us to keep our records accurate

- I have never smoked I am an ex-smoker I am a current smoker and smoke approx. per day

We are required to give our patients an opportunity to disclose ethnicity and have followed the government guidelines taken from the 2001 census. Please do note that you do have the right to choose not to disclose this information to us and can indicate this by tick the 'I do not wish to disclose my ethnicity' box:

- | | | |
|---|--|---|
| <input type="checkbox"/> I do not wish to disclose my ethnicity | <input type="checkbox"/> British or mixed British | <input type="checkbox"/> Irish |
| <input type="checkbox"/> Other white background | <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> White and Black African |
| <input type="checkbox"/> White and Asian | <input type="checkbox"/> Indian or British Indian | <input type="checkbox"/> Pakistani or British Pakistani |
| <input type="checkbox"/> Other mixed background | <input type="checkbox"/> Other Asian background | <input type="checkbox"/> Bangladeshi or British Bangladeshi |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> African | <input type="checkbox"/> Other Black background |
-

For staff use only

- | | | | |
|---|---|---------------|-------|
| <input type="checkbox"/> Photographic proof verified (<i>see tick boxes overleaf</i>) |) | Completed by: | Date: |
| <input type="checkbox"/> Vouching |) | | |
| <input type="checkbox"/> Contact details checked and updated if necessary |) | | |
| <input type="checkbox"/> Over 16 years of age – or a parent or carer |) | | |
| <input type="checkbox"/> SystemOnline registration activated |) | | |
| <input type="checkbox"/> Internet instructions, log in and password given to patient |) | | |