

Forest Road Medical Centre
354-358 Forest Road
London E17 5JL
Telephone Number: 020 8520 7115



Dr Shantir's Practice
Waltham Forest Primary Care Trust

ONLINE SERVICES REGISTRATION FORM

1) PATIENT ACCESS

To further improve on the use of **Electronic Prescribing System (EPS)**, we recommend that patients sign up to use the free online service, Patient Access.

Patient Access offers 24/7 access to;

- Book appointments
- Request for repeat prescriptions
- Access to your past immunisations
- Access your allergies
- Overview summary -

To sign up please give your details below. Please allow 3 working days for the Reception/Admin team to have your Unique PIN number ready for collection at the practice.

Please note that by completing this application form for PATIENT ACCESS service you give your consent for your personal data to be used through NHS-approved confidential electronic media.

Only the named patient (or parent/guardian if under 16) may collect the Access Registration letter. Please bring with you a form of Photo ID to collect the letter. This is to ensure that we give access to the right patient.

2) ELECTRONIC PRESCRIBING SYSTEM

We are pleased to advise you that the surgery will soon be operating under the Electronic Prescribing System (EPS).

This system enables the surgery to send ISSUED prescription requests electronically to patients' nominated chemists for dispensing.

What are the Benefits of EPS?

1. Patients do not need to collect issued prescriptions from Practice
2. Prescription is sent electronically to your nominated chemist
3. Help speeds up the issue and dispensing of prescribed medications.

To nominate a pharmacy and join the service please fill in the second part of the slip below and hand into reception.

*****It is necessary that you provide your current contact details should we need to contact you and keep them updated with us.*****

New patients are unable to use this service until their registration is approved by the health authority and you get included to our practice list which can take approximately 2 to 6 days.

Complete this page and hand it in to a member of reception team.
Please keep the top part for your information.

PATIENT ACCESS

First name:..... **Last Name:** **Date of birth:**.....

Current Address:

..... **Postcode:**

Current Telephone: **Current Mobile:**

Email Address:.....

Signature: **Date:**

Please tick the box if you give permission for us to leave messages on your answering machine, mobile or home number

Please tick from the following options, what specific uses of the online services that you require to use;

- Requesting medication
- Booking appointments
- Basic access to your personal medical records
- Full access to your personal medical records (This option needs to be signed off by your GP due to patient confidentiality and may take up to 2 weeks to be processed)

GP SIGNATURE

To parent's and carers, If registering children on your behalf, please bear in mind that when the child turns 16 years of age, the child's account will be deactivated and the child will have to create their own account, this is due to the child's confidentiality.

In extenuating services, parent's and carer's will need to speak to the practice manager.

The information you supply us will be used lawfully, in accordance with the GDPR (GENERAL DATA PROTECTION REGULATION) of May 2018. the GDPR (GENERAL DATA PROTECTION REGULATION) of May 2018 gives you the right to know what information is held about you and sets out the rules to make sure that this information is handled properly.

ELECTRONIC PRESCRIBING SERVICE (EPS)

Patient Name: _____ **D.O.B.** _____

Name of Chemist: _____ **Contact No:** _____

Chemist Address: _____

Chemist Postcode: _____ **Signed:** _____ **Date:** _____

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