

The Glebe Medical Practice Online Services – Patient Registration Form

To register for online repeat prescription requests and at a later date appointment booking, please complete the form below and return it to the surgery in person, **along with a valid form of identification, e.g. photo ID or passport.** Once you are registered the practice will give you the information that will enable you to create a username and password.

Patient details	Please complete in BLOCK CAPITALS															
Forename																
Surname																
Date of birth	D	D	M	M	Y	Y	Y	Y								
Email address <small>This email address will be used by your practice to send your notifications and reminders.</small>																
Home tel number																
Mobile tel number																
Signature																
Date	D	D	M	M	Y	Y	Y	Y								
Completing the form on behalf of a patient?																
Forename																
Surname																
Relationship to patient																
Signature																
Date	D	D	M	M	Y	Y	Y	Y								

The Practice intends to introduce text messaging to communicate with patients. An example of this would be to remind patients that their asthma, diabetic or blood pressure checks etc. are due or as a reminder of a booked appointment. If you would like to register for this service we require a mobile telephone number and your signed consent.

	Consent for text messaging															
Mobile tel number																
Signature																
Date	D	D	M	M	Y	Y	Y	Y								

Staff use only																
Type of ID seen																
Staff name																
Date	D	D	M	M	Y	Y	Y	Y								