Vision Online - Patient registration form

To register for online services please complete this form and return it to the practice in person, along with a two valid forms of identification and one must contain a photo, for example your passport, photo driving license, bank statement (NOT utility bills). 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																		
Patient foren	ame																			
Patient surna	me																			
Date of birth		D		D		/	N	1	M		/		Υ	Υ		Υ		Υ		
Email address	-																			
This email address be used by your pr to send you notific and reminders.	ractice																			
	ations																			
Mobile numb	er																			
I wish to have access to the following online services (please tick all that apply):																				
Booking appointments 2. Requesting repeat prescriptions																				
3. I wish to a	access	my	me	edica	al re	cord	on	line	and	l un	ders	tan	d an	ıd ag	ree	wit	h ea	ach		
statemen	t belo	W											plea:	se tick	k all	belo	w to	verif	y)	
3a) I have read and understood the information leaflet provided by the practice																				
3b) I will be responsible for the security of the information that I see or download																				
3c) If I choose to share my information with anyone else, this is at my own risk																				
3d) If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible																				
Signature																				
Date	D		D) /		M		M		/		Υ		Υ		Υ		Υ		
Completing the form on behalf of the patient?																				
Print forename																				
Print surname																				
Relationship to patient																				
Signature																				
Date	D	D			/		M		1	/		Υ		Υ		Υ		Υ		

About Vision online services

We offer an online service for our patients so you can book your appointments, order your prescriptions and have online access to your medication history and allergies at your convenience.

Online appointment booking

Have the flexibility to book and cancel your appointments from home, at work or any location with internet access. You don't need to queue at the practice, wait on the telephone and you can manage your appointments outside practice opening hours.

Request your repeat prescriptions online

Request your repeat prescriptions quickly online by logging into your account and simply ticking the appropriate boxes. You can review the progress of your repeat prescriptions and any message that the practice may have sent to you.

Access to your GP record online

Take greater control of your health and wellbeing by being able to view your medication history, allergies and adverse reactions online.

Practice Statement

Your medical information is personal and should not be shared. Each patient is responsible for the security of their own information they see or download. If you choose to share your information with anyone else, this is at your own risk.

Please contact the practice if you would to discuss authorised proxy access.

Staff use only Patient NHS No: Photo ID and proof Vouched by Vouching using Type of ID seen of residence member of staff medical record Staff ID Date: Prospective Retrospective Level of record Limited parts ΑII access enabled Contractual minimum Authorised by Date: Notes / Explanation