

Systemone Access Application Form

I would like to register for the following services Online (please tick all that apply):

- Routine Appointments**
 Repeat Prescriptions
 Access to Summary Care/Coded Record

Surname		First Name(s)	
Address			
Date of Birth		Telephone	
Mobile No		Consent to be contacted by text message Yes / No	
Email			

I understand that I may be contacted by the practice to assess this service and I am happy to provide the above information to Barton Surgery and Practice Patient Group for the purpose of receiving information and newsletters.

I hereby certify the information to be true (aged 14years or above)

Signed..... **Date**

(if under 14 years)

I am the patient's parent/guardian

Name (Please Print)

.....**Relationship**.....

Signed..... **Date**.....

Please submit this completed application form and bring it to the Surgery along with a form of identification (i.e. photo driving licence, passport or utility bill). Your login details will then be emailed to you. Please allow 5 working days to process your request. Please note identification is not required when registering a child up to 14 years of age.

To be completed by Reception Staff

- Proof of identification taken: *Passport*
 Photo Driving License
 Utility Bill
- Other*

Vouched for: *Details*

Staff name & Signature:..... Date.....

Date Patient registered for services

Staff name Date.....

Sign Up For Systemone Access

1. Complete the Systemone Access Application Form for Online Appointments and Repeat Prescriptions
2. Bring the completed form with photo identification or utility bill to the reception.
3. Allow 5 working days to process your application, you will be sent/given a unique user Id and password to access the System, along with instructions on how to register.