Online Services - Patient registration form

If you would like to register for online service please complete the form below and submit to the Surgery in person or via email to: nhsh.gp55376-admin@nhs.scot

You will then receive a phone call from the Surgery within a few days to verify your account if required.

Once verified you will receive an email from Patient Online Services – please follow the instructions on this email in order to complete your registration.

NB: Your username must not contain the @ symbol.

|  |  |
| --- | --- |
| Patient details |  Please complete in BLOCK CAPITALS |
| Patient forename |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Patient surname |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date of birth | D | D | / | M | M | / | Y | Y | Y | Y |  |
| Email address**This email address will be used by your practice to send you notifications and reminders.**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| Mobile number |  |  |  |  |  |  |  |  |  |  |  |  |
| Signature |  |
| Date | D | D | / | M | M | / | Y | Y | Y | Y |  |  |  |  |  |  |  |  |  |  |
| Completing the form on behalf of the patient? |
| Print forename |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Print surname |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Relationship to patient |  |
| Signature |  |
| Date | D | D | / | M | M | / | Y | Y | Y | Y |  |

---------------------------------------------------------------------------------------------------

|  |  |
| --- | --- |
| Staff use only |  |
| Patient ID seen  |  |
| Type of ID |  |
| Staff name |  |
| Date  | D | D | / | M | M | / | Y | Y | Y | Y |  |