



**Church Street Medical Centre**  
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Nottingham West  
Clinical Commissioning Group

**APPLICATION FOR PATIENT ONLINE ACCESS**

Surname:  Date of Birth:

First Name:  **Note:** once a child reaches 16 years old access will be removed and they will need to independently re-register.

Address:

Postcode:

Telephone no:  Mobile:

I wish to have access to the following online services (please tick all that apply):

- 1. Booking Appointments
- 2. Requesting repeat prescriptions
- 3. Accessing my summary medical record   
*(Note: \*For full access to your records please complete separate form)*
- 4. I am aware that to enable the practice to process this application I will need to provide two forms of identification one of which must be a photo id.

Signature:  Date:

**For practice use only**

**Patient NHS Number:**

**Identity Verified by:**   
*(initials)*

**Date:**

**Method: Vouching**

**Photo Id**

**Scanned to records by:**   
*(initials)*

**Date:**

**\*The practice offers the facility to view your full medicals record online.**

**If you would like to view your medical records online please ask at reception for more information and the application form.**

Created by:	Karen Fairbrother	Date:	24 / 02 / 2015	Review Date:	24/02/2018
Authorised by:	Joy Harrison	Date:	24 / 02 / 2015	Next Review Due:	

