COVE BAY & KINCORTH MEDICAL CENTRE TEL: 0345 337 1170

OUR SERVICE IS CHANGING

Patient Services is a web-based application which has been developed to expand services available to patients from your GP Practice. Patient Services allows the patient to request services from their GP Practice online at a time that is convenient to them.

This service allows the patient to see their appointments that are currently booked; amend them; the service allows the patient to **book appointments online**, and **request prescriptions.**

In order to ensure that you are ready for our changes, please fill out the attached Patient Services Registration Form and return it to the practice **in person**, **along with a valid form of Identification**, for example photographic ID or your passport.

Although you are registered with the practice already, and may currently use our website to order prescriptions, it is important for the practice to check everyone's identity for this new service so this is an extra security step we must take.

Once you are registered for Patient Services, the practice will give you the information that will enable you to create a username and password. Patients between the ages of 14-16 have the option to allow their parents / guardians to order their repeat prescriptions for them using their parents / guardians email address. Everyone over the age of 16 should use their own email address for this service.

When you access the module a list of your repeat prescription requests will appear on the screen.

Simply select the item you require and submit your request. A message will be displayed indicating whether your request has been successful or not. Please note the messages will only be seen and dealt with by the administration staff.

IT IS IMPERATIVE THAT YOU ALLOW A MINIMUM OF 2 WORKING DAYS BEFORE COLLECTING YOUR PRESCRIPTION FROM THE PRACTICE.

IF YOU HAVE STATED THAT YOUR PRESCRIPTION IS TO GO TO A PHARMACY PLEASE ALLOW MORE TIME BEFORE COLLECTING YOUR MEDICATION.

PATIENT SERVICES - Patient registration form

If you would like to register for this online service please complete the form below and return it to our practice in person, **along with a valid form of identification**, for example photo ID or your passport. Once you are registered the practice will give you the information that will enable you to create a username and password. Patients over the age of 16 should use their own email address for this service.

Patient details	Please complete in BLOCK CAPITALS																			
Patient forename																				
Patient surname																				
Date of birth	/ / DD/MM/YYYY																			
Email address This email address will be used by your practice to send you notifications and reminders.																				
Mobile number																				
Signature																				
Date	DD/MM/YYYY																			
Completing the form on behalf of the patient?																				
Print forename																				
Print surname																				
Relationship to patient				•	•										•			•		
Signature																				
Date			/			/							C	D/	MN	Л/Ү	ΎΥ	(

Staff use only							
Patient ID seen							
Type of ID							
Staff name							
Date		/		/			DD/MM/YYYY