# Patient Services - Patient registration form

To register for this online service please complete the form below and return it to **your 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.

|  |  |
| --- | --- |
| 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 |  |  |  |  |  |  |  |  |  |  |
| **Permission to receive text messages Yes/No**  |

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

You can only use this form to register for yourself and **not** any other family member

Children under 16years cannot register for this service