NHS Axbridge and Wedmore Medical Practice Patient Access Registration Form

Please use BLOCK CAPITALS to complete this form

Personal Details

1. ☐ Mr   ☐ Mrs   ☐ Miss   ☐ Ms

2. Surname: _____

3. First names: _____

4. Previous surname(s): _____

5. ☐ Male   ☐ Female

6. Date of birth: ____ / ____ / _____
             (day) (month)   (year)

7. NHS number: _____
   (if known)

8. Current address: _____

   _____

   _____

   Postcode: _____

9. Home telephone: _____

10. Work telephone: _____

11. Mobile telephone: _____

12. Email: _____

Signature

13a. Signature of patient: _____

☐ 13b. Signature on behalf of patient: _____

13c. Relationship to patient: _____

Date: _____

Once we have received and processed this form you will be sent a letter containing the details needed to complete your online registration and allow you to request repeat prescriptions online and book appointments.

Please be aware that Patient Access online services are provided by Egton Medical Information Systems.

For full terms and conditions please refer to their website:

https://patient.emisaccess.co.uk/Static/Terms

If you should wish to cancel your Patient Access account for any reason please contact the practice in writing and your account will be removed.