

Proxy Access Application Form B

For cared for patients aged 11 years and over



Cared for Patient's Details <i>Application for access to this patient's online services</i>	
Name:	Date of Birth:
Address:	

Application for the person named below to have online access to:		
Book/cancel appointments for me	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Request my repeat medication	Yes <input type="checkbox"/>	No <input type="checkbox"/>
View my core medical record (medication & allergies)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
View the immunisations information in my care record	Yes <input type="checkbox"/>	No <input type="checkbox"/>
View test results in my care record	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signature of patient granting consent:	Date:	
OR	Patient lacks capacity to consent because of medical condition <input type="checkbox"/> Copy of legal paperwork provided <input type="checkbox"/> <i>(Power of Attorney / Court Appointed Deputy)</i> OR GP confirmed incapacity <input type="checkbox"/> Name of GP:	

Parent/Carer Details <i>Applying for access to online services of patient named above</i> We need these details to be able to trace your existing online user account		
Family Name:	Given Name:	
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> or	Male <input type="checkbox"/> Female <input type="checkbox"/> or	Date of Birth:
Address:		
Registered at:	Fireclay Health <input type="checkbox"/> Other Practice <input type="checkbox"/>	
Email address: <small>[please print]</small>		
Consent to email registration details* <input type="checkbox"/> <i>(if registered at another practice)</i>		
Relationship to patient above:	Mother <input type="checkbox"/> Father <input type="checkbox"/> Other family member <input type="checkbox"/> Carer <input type="checkbox"/>	
Signature of parent/carer:	Date:	

Please hand to reception – if your request is not actioned within 1 week then please contact us

* If you are registered with us, access will be added to your existing Online Services account – you will be able to switch to child/cared for person's account via Linked Users (in drop-down menu under your name). If you are registered elsewhere, you may need a registration document to link your account to our practice patient, which we will email you