Emis Patient Access - 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.

Please note this system is not operated by the Practice and we cannot provide technical support. For technical assistance please visit https://support.patientaccess.com/registration

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																								

Declaration that you are happy to receive <u>SMS messages and e-mails</u> from Old School Surgery

Signature:

Date	D	D	/	M	M	/	Y	Y	Y	Y														

Completing the form on behalf of the patient?																								
Print forename																								
Print surname																								
Relationship to patient																								

Declaration that the patient is happy to receive <u>SMS messages and e-mails</u> from Old School Surgery

Signature:

Date	D	D	/	M	M	/	Y	Y	Y	Y														

Staff use only	
Patient ID seen	
Type of ID	
Staff name	

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