

Request for Online Patient Services Application Form

Thank you for applying to use our Online Patient Services, the Registration Process is straight forward. Please follow the steps below:

1. **Fully Complete** and **return** this form to the practice by hand, or email to guywood.practice@nhs.net.
2. We will process your application and send you a Registration Letter by email with the information on how to Access Online Patient Services; The Practice ID – P88607 and Your patient ID and PIN code. You will then need to sign up via <https://patient.emisaccess.co.uk/Register>
3. Once you have registered on the Patient EMIS Access website you will receive an Activation Code by Email. Enter the code and you are Ready to Go!

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Please fully complete and return this form to the practice

Full Name:	
Date of Birth:	
Home Address:	
Email Address:	
Mobile Telephone Number:	

Signing up for our Patient Reference Group – *Helping us improve our Services.*

We would like to contact you from time to time to seek your views on the services we offer. If you are happy for us to contact you by email please tick this box:					<input type="checkbox"/>
Please could you also indicate your gender and age:	<input type="checkbox"/> Male	<input type="checkbox"/> Under 16	<input type="checkbox"/> 17 - 24	<input type="checkbox"/> 25 - 34	<input type="checkbox"/> 35 - 44
	<input type="checkbox"/> Female	<input type="checkbox"/> 45 - 54	<input type="checkbox"/> 55 - 64	<input type="checkbox"/> 65 - 74	<input type="checkbox"/> 75 - 84
How Often Do You Visit the Practice?		<input type="checkbox"/> Regularly	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Very Rare	
First Spoken Language #131 (small L)					
(a) White	(b) Mixed	(c) Asian or Asian British	(d) Black or Black British	(e) Other Ethnic Group	(f) Not Stated
<input type="checkbox"/> A. British	<input type="checkbox"/> D. White & Black Caribbean	<input type="checkbox"/> H. Indian	<input type="checkbox"/> M. Caribbean	<input type="checkbox"/> R. Chinese	<input type="checkbox"/> Z. Not stated
<input type="checkbox"/> B. Irish	<input type="checkbox"/> E. White & Black African	<input type="checkbox"/> J. Pakistani	<input type="checkbox"/> N. African	<input type="checkbox"/> S. Any other ethnic group	
<input type="checkbox"/> C. Any other white background	<input type="checkbox"/> F. White & Asian	<input type="checkbox"/> K. Bangladeshi	<input type="checkbox"/> P. Any other black background		
	<input type="checkbox"/> G. Any other mixed background	<input type="checkbox"/> L. Any other Asian background			
Reason for collecting Ethnic Group Data: The data enables local Health Services to understand: 1. Ethnically related patterns of disease e.g. Coronary Heart Disease, stroke, hypertension, diabetes, perinatal mortality, sickle cell anaemia, TB and 2. Apparent inequality in access to healthcare. Such an understanding will help to improve the appropriateness of services provided.					