**REQUEST FOR ONLINE ACCESS**

Name:

Date of Birth:

Address:

Home Telephone:

Mobile Telephone:

1. Are you completing this questionnaire for yourself? **YES/NO**
2. If you answered No to question 1, please state your relationship to the patient
3. What would you like access to? (please tick all that apply)
* Booking appointments online
* Ordering repeat prescriptions
* Viewing your medical record (not available for the first 3 months of registration)
1. Have you previously registered for ordering repeat prescriptions and booking appointment on-line? **YES/NO**
2. If you are requesting to view your medical record, please answer the following questions.
3. After you have been to the doctor, you can check if the encounter has been recorded and what was discussed. Do you agree this is a good reason to have access to your records? **YES/NO**
4. There may be an instance when accessing your medical records online that you read something that could be shocking or upsetting. What do you do if this happens and you cannot speak to your doctor/nurse immediately? (please tick all that apply)
* Wait until you see the doctor/nurse for them to explain further
* Panic and get worked up
* Look at reputable websites like NHS choices
* Wait and contact the practice the next working day
* Contact 111 to get further information
* Go to Accident and Emergency for further help
1. Would it upset you if you read something which has been said about you with regards to your health? (please tick)
* No
* Yes
* Don’t know
1. Do you feel you understand what Records Access means **YES/NO**

Any further comments?

Please hand this questionnaire to the receptionist, retain the Patient Information Leaflet for your information. We will process your request and contact you either by letter or telephone.