# Patient Services - Patient registration form

If you would like 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.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | | | | | | | | | | | | | | | | | | | |
| Mobile number |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | |
| 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 |  | | | | | | | | | | | | | | | | | | | |
| Signature |  | | | | | | | | | | | | | | | | | | | |
| Date | D | D | / | M | M | / | Y | Y | Y | Y |  | | | | | | | | | |

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|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Staff use only |  | | | | | | | | | | |
| Patient ID seen |  | | | | | | | | | | |
| Type of ID |  | | | | | | | | | | |
| Staff name |  | | | | | | | | | | |
| Date | D | D | / | M | M | / | Y | Y | Y | Y |  |

Email – Computer- Read Code-

# About Vision online services

# About Patient Services

We offer an online service for our patients so you can book your appointments, order your repeat prescriptions and have online access to your medication history and allergies online at your convenience.

## Online appointment booking

Have the flexibility to book and cancel your appointments from home, at work or any location with internet access. You don’t need to queue at the practice, wait on the telephone and you can manage your appointments outside practice opening hours.

## Request your repeat prescriptions online

Request your repeat prescriptions quickly online by logging into your account and simply ticking the appropriate boxes. You can review the progress of your repeat prescriptions and any message that the practice may have sent to you.

**When requesting a repeat prescription please add message accompanying request stating where you would like to collect your prescription**

* **Atholl Medical Centre**
* **Davidsons (1) 112 Atholl Road, Pitlochry or**
* **Davidsons (2) 65 Atholl Road, Pitlochry**