

Patient Online Registration Form

Surname			
First Name			
Date of Birth			
Address			
Postcode			
Email address			
Telephone number		Mobile Number	

I wish to have access to the following online services (tick all that apply):

Booking appointment – THIS FACILITY IS TEMPORARILY SUSPENDED	<input type="checkbox"/>
Requesting repeat prescriptions	<input type="checkbox"/>

Do you smoke? Yes <input type="checkbox"/> No <input type="checkbox"/>	Never smoked? Ex smoker <input type="checkbox"/> Date ceased
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Signature (Electronic Signature Acceptable)		Date	
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For practice use only

Date account created	
Date PIN sent	

Please return this form by email to hwccg.afhc@nhs.net
or post to
Ashdown Forest Health Centre, Lewes Road, Forest Row, RH18 5AQ