

SIGN-UP FORM FOR WAITING-ROOM AND PATIENT FACING SERVICES

Please bring identification documents with you. Acceptable forms of ID are as follows:

[Passport, Driving Licence, Marriage Certificate or Birth Certificate]

Full Name	
DoB	
Address	
Postcode	
Home Phone	
Mobile Phone	
Email Address	

I confirm that the above details are correct:

Signed _____ Date _____

Received at practice by _____ Date _____

Patient needs to wait for verification email, then follow the link included.

CHECK LIST FOR OFFICE USE ONLY

Data entered in PFS?

Record ID provided / Vouch information:

Email verification sent?

Activation codes sent?

Readcode #912P added?

Date completed:

By:

**THE WAITING-ROOM.NET
CONSENT FORM**

I consent to registering with the waiting-room.net (patients must be 16 years and over to register with our on-line services)

Name:

Date of Birth:

Address:
.....
.....

E-Mail Address:

Home number: **Mobile number:**

Signed by the patient:
(this must be done in the presence of a member of staff at the surgery)

IMPORTANT INFORMATION FOR PATIENTS:

Patients must verify their e-mail address with 48 hours by following instructions within the e-mail (this will be sent out within 2 working days)

FOR OFFICE USE ONLY

PATIENT VERIFICATION

Have you confirmed the identity of the patient? YES/NO

What type of identity was used?
(i.e. passport, driving licence, utility bill, something else)

Vouch - known by staff member: (name of staff member)

Have you witness the signature by the patient? YES/NO

Signed: Date:

Print Name: Pass form to on-line registration team once signed

PATIENT FACING SERVICES REGISTRATION

(search for duplicate entries on Infinitorium prior to registering)

Verification E-Mail YES/NO Date sent
(patient must verify with of receipt)

Verification acknowledged YES/NO Date

Linkage codes sent YES/NO Date sent
(patient must verify e-mail address before sending codes)

Patient records coded (~912P) YES/NO Date

Signed: Dated: