Campus View
Medical Centre
Loughborough University, Loughborough, Leicestershire, LE11 3TU, UK
Telephone: +44(0)1509 277577

Patient Application for Online Access to Medical Record

First Name(s)	
Surname	
Date of Birth	
Loughborough Address	Postcode:
Telephone No.	
Mobile No.	
Email Address	

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

1. Booking Appointments	☐
2. Requesting Repeat Prescriptions	☐
3. View Summary of my Care Record OR,	☐
4. View Detailed Coded Care Record	☐

I wish to access my medical record online and understand and agree with each statement:

1. I have read and understood the information leaflet provided by the practice
2. I will be responsible for the security of the information that I see or download
3. If I choose to share my information with anyone else, this is at my own risk
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible

You will be asked to provide two forms of documentation as evidence of identity. One of these must contain a photo. Acceptable documents include passports, photo driving licenses, Loughborough University Student ID card and bank statements, but not bills.

Print Name:	
Signature:	
Date:	

Office Use ONLY			
Identity Verified By:	Date:	Form of Photo ID seen:	Leaflet & terms and conditions given?