**Patient Access Application Form**

Ballantrae - Colmonell

Medical Practice

Pinwherry - Barrhill

**Patient to complete and either hand into the surgery or email to** **tanya.orr@aapct.scot.nhs.uk**

|  |  |
| --- | --- |
| **Name:** |  |
| **D.O.B:** |  |
| **Address:** |  |
| **Telephone No:** |  |
| **Mobile No:** |  |
| **Email Address:** |  |
| **Practice Guidance read and agreed:** | Delete as appropriate**YES/NO** |

**Practice Staff Only**

|  |  |
| --- | --- |
| **Proof of photographic ID given e.g. passport or driving licence:** | **Yes/No** |
| **Identity confirmed:** | **Yes/No Signed**  |
| **Access Approved & Set Up on EMIS** | **Yes/No Initials Date** |

I have read, understood and will adhere to the Practice Guidance attached for the safe use of Patient Access. I understand that failure on my part to adhere to the guidance may result in my Patient Access registration being terminated. I understand that this will in no way affect my registration with the practice.

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_