**SPINNEY HILL MEDICAL CENTRE**

 **Main Surgery Branch Surgery**

 143 St Saviours Road, Leicester, LE5 3HX 132 Doncaster Road, Leicester, LE4 6JJ

 Tel: 0116 3192568 Tel: 0116 3196717



**SystmOnline Request Form**

**Patient Information: Please read and sign below**

**Privacy Policy**

Spinney Hill Medical Centre is committed to protecting your privacy online. The personal information you enter on this website is strictly controlled. Information entered is available only to members of staff with appropriate access rights.

**SystmOnline Usage**

Please use this service responsibly. In the case of any abuse of the service, Spinney Hill Medical Centre can revoke your log-in details, stopping you accessing the service. Examples of irresponsible use of the system may include:

* Booking appointments you have no intension of attending.
* Repeatedly booking and cancelling appointments
* Repeatedly requesting prescriptions that you do not need.

**Patient Name …………………………………….........Patient Signature ………………………...**

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Today’s Date ……………………………………………

Patient name ……………………………………………

Patient Address ……………………………………………………………………………………………….

NHS Number …………………………… DOB……………………………

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**Patient must provide 1 form of Photo ID & Proof of Address**

Passport No …………………………………… **OR** Drivers Licence No …………………...................

Utility Bill / Bank Statement ***(under 3 months old)* [ ]**

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**Patient under 16 years of age must provide 1 of the following:**

Passport No …………………………………… **OR** Birth Certificate …………………........................

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**Admin Use (please tick)**

Is the patient **‘SystmOnline Registration Details’** printed clearly? [ ]

Attach **’Patient Information Sheet’** with the Registration Details

and hand it over to the patient for them to take away with them. [ ]

Staff Name:…………………………………………………………………………