

**APPLICATION FOR BOOKING APPOINTMENTS/REQUESTING  
PRESCRIPTIONS /VIEW TEST RESULTS ONLINE AT THE STUDENT  
HEALTH CENTRE**

Surname	Date of Birth		
First Name			
Exeter Address			GP Name
Postcode			
<b>University Email Address</b>			
<b>Please note:</b> You are only able to use one email per one online access account. By giving your email you are consent to receive confidential information to this address.			
Telephone number		Mobile Number	

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

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Viewing Test Results	<input type="checkbox"/>
4. Student ID Seen?	
5. Security Question: What is your Favourite Colour?	

I understand that it is my responsibility to provide the Surgery with any change of contact details (address, telephone number, email address) <input type="checkbox"/>	Date
I have read and understood the "Its your choice" leaflet <input type="checkbox"/>	
Signature	

**For practice use only**

NHS number		EMIS ID number	
Identity verified by (initials)	Date	Method of verification – Patients Favourite Colour as Per GMS1 Registration Form	
Appointments/Prescription access authorised by:			Date
Date account created			
Date passphrase sent			
Notes / comments :		**CODED**	