



NEWTONS PRACTICE
The Health Centre, Heath Road,
Haywards Heath, West Sussex, RH16 3BB.
TEL: (01444) 412280 FAX: (01444) 416943
www.newtonsppractice.co.uk



Application Form for Access to Online Services

Patient to complete

Name:	
Date of Birth	
Address	
Telephone	
Mobile No:	
Email address:	
Have you read the practice guidance letter?	
Newton's Staff only to complete	
Proof of ID	Yes/No Passport/Driving Licence / Bus Pass
Identity confirmed	Yes/No

Please tick the following:

I am the patient

I am representing the patient (with their authority if over 14 years old)

(If you are representing the patient, this should be signed by the patient and a proof of their signature will be required)

Patient's Signature _____

Date _____

Please ensure that the patient has signed the disclaimer below before handing them their Access PIN Document. This document will be scanned onto the patient's medical record.

Disclaimer

I, _____, have understood and will adhere to the Practice Guidance for the use of online appointments booking. I understand that failure on my part to adhere to the guidance may result in my Online Access registration being terminated. I understand that this will in no way affect my registration with the practice.

Signed _____ Date _____

Partners:

Dr J A While Dr P C Hart Dr J Samarasinghe Dr G Taylor
Dr K Nagendra Dr E Murchison Dr C Jones Dr B Lambert