

## Croyard Road/Strathlene Surgery - Patient registration form

If you would like to register for this online service please complete the form below and return it to your practice in person, **along with a valid form of identification, for example photo ID or your passport.**

Once you are registered the practice will give you the information that will enable you to create a username and password.

<b>Patient details</b>	<b>Please complete in BLOCK CAPITALS</b>												
Patient forename													
Patient surname													
Date of birth	D	D	/	M	M	/	Y	Y	Y	Y			
Email address This email address will be used by your practice to send you notifications and reminders.													
Mobile number													
Signature													
Date	D	D	/	M	M	/	Y	Y	Y	Y			
<b>Completing the form on behalf of the patient?</b>													
Print forename													
Print surname													
Relationship to patient													
Signature													
Date	D	D	/	M	M	/	Y	Y	Y	Y			

<b>Staff use only</b>													
Patient ID seen													
Type of ID													
Staff name													
Date	D	D	/	M	M	/	Y	Y	Y	Y			

[Type text]