



Leylands Medical Centre

Registration for Online

Services:

What is SystmOnline?

SystmOnline allows you to book appointments to see a GP, order medication, view your record, and send/receive messages from the surgery. This can be done online on a computer or via a smartphone app.

How do I register?

Fill in this form and bring it to reception along with two forms of ID (photo and proof of address). This can only be done in person. You will then be given a username and password to allow you to log in through our website: www.leylandsmedicalcentre.nhs.uk

Can I register on behalf of my child?

Parents may apply for access to their child's record by completing a proxy access form (available separately). When the child reaches the age of 12 years parental access will be automatically revoked. Between the age of 12 and 16, there will be no online access. The child can then register for their own access from the age of 16 onwards. For more information on the reasons behind this, please see our website.

Patient name:		Home phone:	
Date of birth:		Email:	
Mobile number:		Today's date:	

Please tick below to confirm you have read and understood the following:

- I will be responsible for the security of my account, and the information that I see or download*
- If I choose to share my information with anyone else, this is at my own risk*
- If I suspect that my account has been accessed by someone without my consent, I will inform the practice as soon as possible*
- If I see information in my record that is not about me or is inaccurate, I will inform the practice as soon as possible*
- If I think that I may come under pressure to give access to someone else unwillingly I will inform the practice as soon as possible*
- The practice reserves the right to terminate access at any point if it is thought that it is in the best interests of the patient or if the services are being misused*

Signature:			
PRACTICE USE ONLY:	IDENTITY VERIFIED	<input type="checkbox"/>	SYSTMONLINE REGISTRATION COMPLETED <input type="checkbox"/>
	LOGIN DETAILS GIVEN TO PATIENT	<input type="checkbox"/>	STAFF INITIALS _____
	FORWARD FOR SCANNING	<input type="checkbox"/>	