

## Lour Road Group Practice Online Patient registration form

If you would like to register for this online service please complete the form below and return it to the practice in person, **along with 2 valid forms of identification, for example photo ID or your passport, driving licence or birth certificate.**

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

Patient details	Please complete in BLOCK CAPITALS																			
Patient forename																				
Patient surname																				
Date of birth	D	D	/	M	M	/	Y	Y	Y	Y										
Email address <b>This email address will be used by your practice to send you notifications and reminders.</b>																				
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										

Staff use only	
Type of ID seen	PASSPORT <input type="checkbox"/> DRIVING LICENCE <input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> PERSONAL VOUCH BY:-      OTHER:-
Staff name	
Date	D D / M M / Y Y Y Y