



## REQUEST TO ACCESS SYSTMONLINE

**It is Practice Policy that children between the ages of 13 to 16 are not permitted to have access to Systmonline.**

Date of Birth:	
Name:	
Address:	
Email:	
Mobile Phone Number:	

I confirm I am the patient named above/OR I have parental responsibility for patient named above (*please delete where appropriate*). I would like to request a password and login to enable me to access SystmOnline.

Please note that if you are requesting a password and login for a young person under the age of 13 years (this will make you a "Proxy" user). Once this young person reaches 13 years of age, for the purpose of patient confidentiality your access to their SystmOnline account will automatically be disabled.

You will be given 'proxy' access to the following online services:

- Booking appointments
- Requesting repeat medications

### Signature

By signing this form, I consent to my username and password for accessing my online services be sent to me by text/email. Both requires verification which will be sent to you once the registration process is complete

Patient Signature/Signature on behalf of patient:	
If you are not the patient please state your relationship to the patient:	
Date:	
Photo ID of Parent/Guardian: (Note of ID seen and Staff Initials)	