

Registration Form

Patient Details



NHS Number: _____

Title: _____ **Name:** _____

Address: _____

_____ **Postcode:** _____

Telephone: _____ **Mobile:** _____

Date Of Birth: _____

Email: _____

Please provide your name and address if you are a clinician/representative of the patient.

Name: _____

Role/Relationship to Patient: _____

Address: _____

_____ **Postcode:** _____

Telephone: _____ **Mobile:** _____

Name of GP: _____

GP Surgery: _____

Surgery Address: _____

Postcode: _____ **Telephone:** _____

Please let us know how you would like us to contact you:

- ☐ Telephone number listed above
- ☐ Email listed above

Please tick all that apply

- ☐ I am the patient ☐ The clinician ☐ A representative

I understand that a copy of this registration form will be shared with my GP practice for the purposes of setting up these services.

☐ I would like to use the **Electronic Prescription Service** and nominate Severn*DIRECT* delivered by RapidCare. They are registered on the NHS spine as:

RapidCare; Koppa House, Napier Way, Crawley, West Sussex, RH10 9RA

☐ I would like to register for the monthly reminder service which will prompt me to order my repeat prescription.

☐ I would like Severn*DIRECT* to act as my **‘third party representative’** so they can request repeat prescriptions from my GP on my behalf. I understand that they will only make this request when I ask them to do so.

(NB Some GP practices may not support third party representation)

☐ I am the specialist clinician named overleaf and request that this patient is provided with the following list of products on repeat prescription to enable them to manage their tracheostomy or laryngectomy on a daily basis.

Signed:	
Block Capitals:	
Date:	

Please note: As an NHS contractor, we are compliant with the relevant data protection regulations including GDPR (2018) the Data Protection Act (2018) and the NHS Code of Confidentiality.

The following items are required on repeat prescription:

[illegible]