

## Request to access Online Services

<b>Date of Birth</b>	
<b>Title</b>	
<b>First name</b>	
<b>Surname</b>	
<b>Address</b>	
<b>Email address</b>	
<b>Mobile Number</b>	

### DECLARATION

I confirm that I am the patient named above, and I have read and understood the information regarding Online Services: <https://compasshousemedical.com/online-services>

SIGNATURE	DATE

## Staff Use Only

### ID Verification for Patient/Representative:

This must be in date (not expired). For other documents, these need to be dated in the last 3 months.

### Patient Photo ID Seen (please tick):

- Passport      Expiry Date \_\_\_\_\_  
 Driving Licence      Expiry Date \_\_\_\_\_  
 Other (please specify): \_\_\_\_\_

Staff Member Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_