

### **Online Booking "Patient Account"**

To use the Online Booking process, you will need to create an "online account" with us here at the Jefferiss Wing.

This account is one that is secured by your e-mail address, password, and mobile telephone number – much like an online banking process. If you are already registered with the Jefferiss Wing, call our triage line on **0203 312 1225** to provide an up to date e-mail so your records can be linked.

So you should be using an e-mail address AND a mobile (text) number in the registration process that securely belong to you if you wish to maintain confidentiality from other family members – ie the registration process will be sending you a confirmatory e-mail that will be visible in your e-mail inbox – and a pin number for that registration that will be sent to the mobile phone number entered as "yours".

Once registered – you will be able to log onto this account in future in order to book further appointments, cancel existing ones no longer needed, or to remind yourself of the date and time that you chose. It will be possible in future to also see your test results within this account.

#### Registration

Apps P1 New

The login screen to access your Account looks like this:-

Coventry Health Centre	
	Account Details
	Username/Email
	Username/Email
	Password
	Password
	Sign in
	Register Forgat password Help

If you already have an account – simply enter your username (your e-mail used for registration) and your password.

Press "Register" to create a new account.

Complete the registration form as shown here with all the marked necessary fields.

New Account Details	
Email addresse	
name@example.com	
Confirm email address.	
name@example.com	
Passworde	
Password	
Confirm password.	
Confirm password	
orename•	
Forename	
Surname	
Surname	
dd/mm/yyyy 🗮 Gendere Male © Female	
Address	
Postcode	
Postcode	Q Find address
Select address	•
House number / Streete	
House number / Street	
Area	

Postcode			
Postcode			Q Find address
Select address			•
House number / Streete			
House number / Street			
Area			
Area			
Towne			
Town			
County			
County			
Country			
Country			
ome number			
Home number			
ork number			
Work number			
obile number.			
Mobile number			
I'm not a robot	reCAPTCHA. Privacy-Tama		
Please complete the 'reCAPT'	CHA' form for security re	asons.	
Create Account			

## One essential entry is your mobile phone (text) number.

When everything has been completed and the "Create Account" button pressed – you should see this message displayed:-



You will then be sent an e-mail (to the given address) that will look like this:-(If nothing has arrived after several minutes – check your "Spam" folder)



At the same time you will receive a PIN number on your mobile phone text inbox. When you have the PIN – select the link in your e-mail and enter it in the verification box:-

/erify Account
Please enter your verification code
Verification code
Verify email Resend verification code
erify Account
lease enter your verification code
1100
hankyou the account محمد والمعالية com has been verified and you can now log in.
Login Resend verification code

You can then login with your e-mail address and password .

Account Details		
Username/Email		
Username/Email		
Password		
Password		
	Sign in	
	Register Forgot password Help	

## **Completing Registration**

When you log into your account for the first time – you will need to add some details that are needed by the clinic to complete THEIR registration on their system.

Username/Email:		Address:	
Patient number:	NP157074	L	lerby Road
Name:	Smith, Jane	E	elper
Date of birth:	01/03/1980	L	E56 1SW
Gender:	Female		
Home number:			
Work number:			
Mobile number:	076		
Clinical Details			
Clinical Details	your clinical details to com	nplete your registration.	
Opdate Details     Clinical Details     Please update     Source of referral:	your clinical details to com	nplete your registration.	ves
Opdate Details     Official Details     Offici	your clinical details to com	nplete your registration. Letter communication GP Letter communicat	: yes ion: yes
Optate Details	your clinical details to com	plete your registration. Letter communication GP Letter communicat TEXT (SMS)	: yes ion: yes
Optate Details     Clinical Details     Please update     Source of referral:     Ethnic group:     Country of birth:     GP:	your clinical details to com	plete your registration. Letter communication GP Letter communicat TEXT (SMS) communication:	: yes ion: yes

Complete these details – and your Patient Number will change to your unique reference on the Clinic system – so that they have an identification for you that does NOT reveal your name or other personal identifiers where permission is not given.

surce of referral	
Self	
hnic group	
White British - WHITE	
ountry of birth	
United Kingdom	
Communication methods	
• By ticking the fields below, yo wish to be contacted this way, pl	ou are agreeing to the clinic contacting you via the described method. If you do not lease un-tick the selection.
<ul> <li>Letter communication</li> </ul>	
GP Letter communication	
<ul> <li>TEXT (SMS) communication</li> </ul>	
GP details	
No contact will be made to yo Practice on record. If you don't k	our GP or practice without your permission - but it is helpful to have your GP (now your GP Practice, simply enter 'N/A'.
No contact will be made to yo Practice on record. If you don't k GP name (enter if known)	our GP or practice without your permission - but it is helpful to have your GP now your GP Practice, simply enter 'N/A'.
No contact will be made to yo Practice on record. If you don't GP name (enter if known) Dr Smith	our GP or practice without your permission - but it is helpful to have your GP now your GP Practice, simply enter 'N/A'.
No contact will be made to yo Practice on record. If you don't k GP name (enter if known) Dr Smith GP practice (name and address of the second seco	our GP or practice without your permission - but it is helpful to have your GP now your GP Practice, simply enter 'N/A'.
No contact will be made to yo Practice on record. If you don't k GP name (enter if known) Dr Smith GP practice (name and address of Whitemoor Street	our GP or practice without your permission - but it is helpful to have your GP mow your GP Practice, simply enter 'N/A'. details)#
No contact will be made to yo Practice on record. If you don't k      GP name (enter if known)     Dr Smith     GP practice (name and address of     Whitemoor Street	pur GP or practice without your permission - but it is helpful to have your GP now your GP Practice, simply enter 'N/A'. details)=

# **Booking an Appointment**

When registered – your Account page will look like this – and will do so every time you log in in future – and allows you to change any details that may have changed. You have control of the details that have been recorded about you.

Account Details			
Username/Email: Patient number: Name: Date of birth: Sex at Birth: Home number: Work number: Mobile number: Address:	P207990 Male Mill Systems Ltd Unit 4 Derby Road Belper Derbyshire DE56 1SW	Heritage Business Centre	
L Update Details			
Clinical Details			
Source of referral: Ethnic group: Country of birth: GP:	01 White British - WHITE United Kingdom	Letter communication: GP Letter communication: TEXT (SMS) communication:	yes no yes
Update Details	Whitehloor		
Appointments			
Make New Appoint	nent		

Booking an appointment simply means selecting either of the options at the bottom of this screen.

"Sexual Health" – will show you any available appointments for our service.

ARC Clinic - Jefferiss Wing, St Mary's Hospital	C
Contraceptive Implants .	
Contraceptive Coils/Intrauterine contraception:	Ø

Click on the service you require and select an appointment time.

ARC Clinic - Jefferiss Wing, St Mary's Hospital	
Contraceptive Implants	C
Choose an appointment in this clinic for Contraceptive change. NOTE: If you have symptoms of an STI please of 1225	Implant insertion, removal or call our triage line on 0203 312
Wednesday, June 16, 2021	
13:30 14:30 15:30 16:30	
Thursday, June 17, 2021	
Friday, June 18, 2021	
Monday, June 21, 2021	

You will see a confirmation message confirming what service you are booking, with the selected time and date. Click the "confirm booking" to secure your appointment.

e Ar	Confirm Boo	oking	×
	Date/Time	Wednesday, June 16, 2021 14:30	
Cli	Clinic Name	Contraceptive Implants	
ontra	Clinic Notes	Choose an appointment in this clinic for Contraceptive Implant insertion, removal or change. NOTE: If you have symptoms of an STI please call our triage line on 0203 312 1225	
ang 25 We	Clinic Address	Jeffriss Wing St Mary's Hospital Praed Street London W2 1NY	
13 Thu	Comments/M	Address Link	
Frid			11
Mor		Close Confirm Bookin	g

When you press the confirmation - this appointment is then being booked in real time onto the Clinic's diary.

A text message will then be sent to your phone as a final confirmation that the booking has been made.

The appointment will also be shown within your account – so that you can log back into your account should you require to check any details prior to attending.

You can also cancel the appointment from your account by clicking the red cancel button.

Once you have confirmed your booking please complete the visit details, this will speed up your appointment and provide you and us with further information relevant to your appointment.

Wednes	day, June 16, 2021 14:30
Clinic Name:	Contraceptive Implants
Clinic Notes:	Choose an appointment in this clinic for Contracep change. NOTE: If you have symptoms of an STI p 1225
• Pleas	e update your visit details