

WHAT CAN I DO ON KLINIK?



REQUEST AN APPOINTMENT



REQUEST NURSING APPOINTMENTS



CANCEL/REQUEST FOLLOW-UP APPOINTMENTS



REQUEST REFERRAL INFO, TEST RESULTS & SICK NOTES



ORDER REPEAT PRESCRIPTIONS/ ASK MEDICATION QUERIES



UPDATE PERSONAL DETAILS, SEND ENQUIRIES/INSURANCE REQUESTS

NEED MORE HELP?

Checkout our Website and/or YouTube Channel (Lea Vale Medical Group) to see more detailed instructional resources

ACCESS KLINIK

Website: www.leavale.nhs.uk

SCAN ME!



LEA VALE MEDICAL

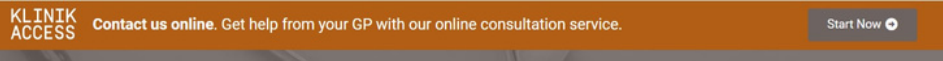
ONLINE SERVICES

HOW TO ACCESS PRESCRIPTION SERVICES USING KLINIK

www.leavale.nhs.net

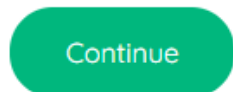
1. GO TO OUR KLINIK PORTAL

From our website (leavale.nhs.net), click on the "Klinik" banner to open the portal



2. LOG IN

Select your preferred access method from the Lea Vale Klinik homepage.



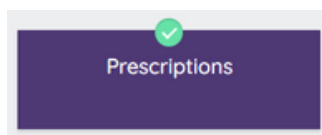
OR



Click the "Continue" button

Use your NHS login

3. SELECT "PRESCRIPTIONS"



4. SELECT THE SERVICE YOU NEED

A.

Repeat prescriptions

B.

Nominate a pharmacy

C.

Medication queries

4A. REPEAT PRESCRIPTIONS

Please Provide the Following:

- ▶ Name of Medications
- ▶ Quantity of Each Medication
- ▶ Strength of Medication

NOTE: Repeat Prescriptions Will Take 3 Working Days and May Require You Speak with a Clinician

4B. NOMINATE A PHARMACY

Option 1: Start Electronic Prescriptions

Prescriptions can be processed electronically, which means you can collect your medications without a paper prescription.

Please Provide the Following:

- ▶ Statement that You Would Like Electronic Prescription Services
- ▶ Details of the Pharmacy You Want Prescriptions Sent To

Option 2: Nominate a Regular Pharmacy to Receive Prescriptions

Please Provide the Following:

- ▶ Details of the Pharmacy You Would Like to Nominate

Option 3: Cancel or Change your Pharmacy

Fill in the form before your next repeat prescription. Provide us with:

- ▶ Details of the Pharmacy You Would Like to Change to
- ▶ Request to Cancel your Nominated Pharmacy

4C. MEDICATION QUERIES

For all other non-urgent medication enquiries, please provide the following:

- ▶ Details Regarding Your Pharmacy Enquiry

5. PROVIDE PERSONAL DETAILS

if you log in with your NHS login, this will already be filled out

Fill in your information below.

Patient Details

First full name * Last name *

6. SELECT HOW YOU WOULD LIKE US TO CONTACT YOU



SMS



PHONE



EMAIL

7. CLICK SUBMIT

You will get an email summary of your request

Submit >