

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

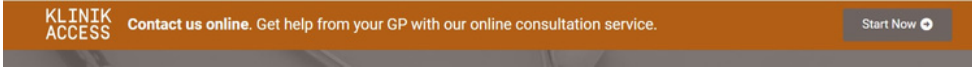
ONLINE SERVICES

HOW TO REQUEST REFERRAL INFORMATION, TEST RESULTS, AND SICK NOTES USING KLINIK

www.leavale.nhs.net

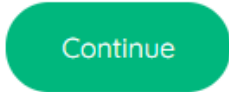
1. GO TO OUR KLINIK PORTAL

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

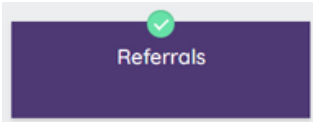


Click the "Continue" button

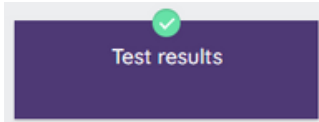
Use your NHS login

3. SELECT THE SERVICE YOU NEED

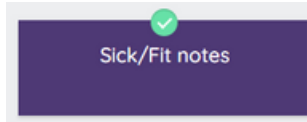
A.



B.



C.



3A. REFERRALS

Referral By the Surgery Please Provide the Following:

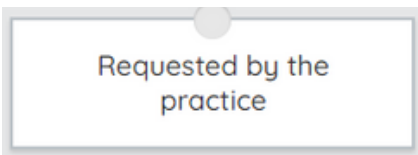
- ▶ The clinician who referred you
- ▶ Which hospital department you were referred to
- ▶ The nature of your query

Private Referral Requests or Enquiries Please Provide:

- ▶ Referral Reason
- ▶ Department, if known (i.e. Dermatology, etc.)
- ▶ Private Provider Details for the Referral

3B. TEST RESULTS

Select how your test was requested



OR



If the test was **requested by Lea Vale Medical Group**, please provide:

- ▶ Nature of your Test (i.e. Blood Test,)
- ▶ The Date of your Test
- ▶ Who Requested the Test

If the test was **requested elsewhere**, please contact them directly.

NOTE: It may take 5-7 working days before your test results are available

3C. SICK NOTES

Please Provide the Following:

- ▶ Is it for a New or Existing Condition
- ▶ Full Details of Your Condition which Requires a Sick Note
- ▶ The Date You Want Your Sick Note to Start
- ▶ Requested Sick Note Duration (i.e., 1-Week, 3-Months, etc.)
- ▶ Sick Note Type:
 - Phased Return or Altered Hours
 - Amended Duties
 - Whether Workplace Adjustments are Required

NOTE: For periods of 7 days or less you are able to self-certify

4. 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 *

John Smith

5. SELECT HOW YOU WOULD LIKE US TO CONTACT YOU



SMS



PHONE



EMAIL

6. CLICK SUBMIT

You will get an email summary of your request

