

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

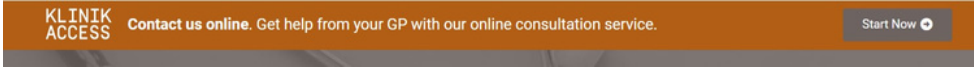
ONLINE SERVICES

HOW TO UPDATE PERSONAL DETAILS AND SEND GENERAL ENQUIRIES USING KLINIK

www.leavale.nhs.net

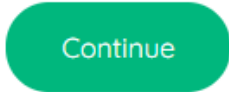
1. GO TO OUR KLINIK PORTAL

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

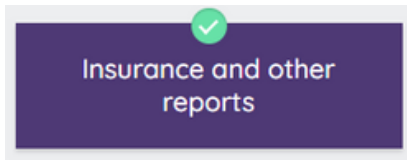


Click the "Continue" button

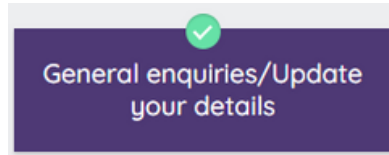
Use your NHS login

3. SELECT THE SERVICE YOU NEED

A.



B.



3A. REQUEST INSURANCE AND OTHER REPORTS

If you request any non-NHS and/or Private work, **there may be a charge for your request.**

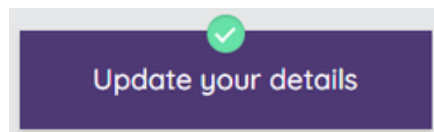
Please Provide the Following:

- Details Regarding the Report You Need

NOTE: Your enquiry may take up to 14 working days to be processed. We will advise in advance if we can process your request

3B. UPDATE PERSONAL DETAILS

Select "Update Your Details"



Fill in the box with details regarding your update and/or information

Enter Required Details Here...

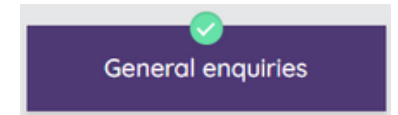
For address changes, you may be asked to provide proof (i.e., a utility bill, etc.)

WHAT ELSE CAN I PROVIDE THE SURGERY WITH UPDATES ON?

- PHONE NUMBER
- SMOKING STATUS
- EMAIL ADDRESS
- BLOOD PRESSURE
- ALCOHOL STATUS
- WEIGHT

3B. SEND GENERAL ENQUIRIES

Select "General Enquiries"



Fill in the text box with details regarding your enquiry

Enter Required Details Here...

NOTE: This is for non-medical enquiries only.

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

