## **ELSDALE STREET SURGERY** How to register with Engage Consult

**STEP 2:** Input your details– name, date of birth, gender

**STEP 1:** Navigate to Engage Consult via our website and then click 'Create an account on Engage Consult'.



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**STEP 3:** Confirm your preferences about how Engage Consult contact you and use your data. This does not affect how Elsdale Street interacts with you.

Elsdale Street Surgery	
Register Account Please confirm your preferences	
You can contact me about my experience on this site.	Yes
You can make automated decisions based on my data. 💽	Yes
I give consent for my online consultations to be dealt with by other NHS healthcare organisations.	Yes
You can use my data to help improve this service.	Yes
Please read our privacy policy Before continuing please make sure you fully read and completely understand our privacy policy.	
I have fully read and agree to the privacy policy	
Continue	
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Elisable Street Surgery	
Register Account	
Please enter your mobile number	
Mobile number (optional)	
Continue	

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## **ELSDALE STREET SURGERY**

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**STEP 4:** Enter your email address and then authorise your account by clicking on the link in your email address OR copy & pasting the OTP code.

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	Continue
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**STEP 5:** Answer 3 memorable questions. These are in case you forget your password.

Question 1	
Please answer three different security questions, you will be asked one of these	
questions should you forget your password.	
Please choose a question and provide an answer.	
What was the name of the commany where you had your first job?	
What is the name of the street where you grew up? What is the name of the street where you grew up?	
What is your father's middle name?	
In what city or town were you born?	
What primary school did you attend?	
O What was the first foreign country you visited?	
What is your grandmother's first name?	
citel answer	
Submit	
Register Account	
Memorable Information	
Question 2	
Please answer three different security questions, you will be asked one of these	
questions should you forget your password.	
Please choose a nuestion and provide an answer	
What is the name of the street where you grew un? What is the name of the street where you grew un?	
O What is your father's middle name?	
O In what city or town were you born?	
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What was the name of your first pat2     What was the name of your first pat2	
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Register Account	
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**COMPLETED:** you have now registered for Engage Consult at Elsdale Street Surgery. You can log in to start completing an online form to request a consultation with the doctor.



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