

Cornerstone Practice
Rhyddings Surgery
Union Road
Oswaldtwistle BB5 3DD
Tel: 01254-618080

Dear Patient

Please find enclosed some registration forms. We would appreciate it if you would complete the forms in as much detail as possible including providing any middle names, N.H.S. number if you have it, previous address, previous G.P. and date that you first entered the country if you have come from abroad. Please note that if any information is missing, there may be a delay in your registration.

Please allow at least two weeks for your registration to be processed.

Included in the pack of forms are:

An 'Out of Area' declaration form which needs to be signed if your property is outside our Practice boundary. (One of our staff members would be able to help identify this).

An electronic prescription service (EPS) nomination form; this enables you to choose a pharmacy for us to send your prescriptions electronically. (Please note that certain prescriptions cannot be sent electronically).

A leaflet about 'Patient Access' online booking of doctor appointments and ordering repeat medication.

Overseas visitors registration process.

We would like to book an appointment for a registration check to take some of your medical history until your records are received from your current G.P.

If you have any queries, please contact us on the above number.

Yours sincerely

John Bruce
Site Manager



Accessible Information

We aim to ensure all our patient, service users, carers and parents have access to information in the format they require.

Please let a receptionist know if you would like this information pack in an alternative format e.g.



large print



email



In person



Patient's details

Please complete in BLOCK CAPITALS and tick ☒ as appropriate

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms		Surname
Date of birth		First names
NHS No.		Previous surname/s
<input type="checkbox"/> Male <input type="checkbox"/> Female		Town and country of birth
Home address		
Postcode		Telephone number

Please help us trace your previous medical records by providing the following information

Your previous address in UK	Name of previous doctor while at that address
	Address of previous doctor

If you are from abroad

Your first UK address where registered with a GP

If previously resident in UK, date of leaving

Date you first came to live in UK

If you are returning from the Armed Forces

Address before enlisting

Service or Personnel number

Enlistment date

If you are registering a child under 5

☐ I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance

If you need your doctor to dispense medicines and appliances*

**Not all doctors are authorised to dispense medicines*

☐ I live more than 1 mile in a straight line from the nearest chemist

☐ I would have serious difficulty in getting them from a chemist

☐ Signature of Patient ☐ Signature on behalf of patient Date / /

NHS Organ Donor registration

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.

☐ Any of my organs and tissue or
☐ Kidneys ☐ Heart ☐ Liver ☐ Corneas ☐ Lungs ☐ Pancreas ☐ Any part of my body

Signature confirming my agreement to organ/tissue donation Date / /

For more information, please ask at reception for an information leaflet or visit the website www.uktransplant.org.uk, or call 0300 123 23 23.

NHS Blood Donor registration

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood.

Tick here if you have given blood in the last 3 years ☐

Signature confirming consent to inclusion on the NHS Blood Donor Register Date / /

For more information, please ask for the leaflet on joining the NHS Blood Donor Register
My preferred address for donation is: (only if different from above, e.g. your place of work)

Postcode:

HA use only Patient registered for ☐ GMS ☐ CHS ☐ Dispensing ☐ Rural Practice

To be completed by the doctor

Doctors Name

HA Code

- ☐ I have accepted this patient for general medical services
 ☐ For the provision of contraceptive services
☐ I have accepted this patient for general medical services on behalf of the doctor named below who is a member of this practice

Doctors Name, if different from above

HA Code

- ☐ I am on the HA CHS list and will provide Child Health Surveillance to this patient or
☐ I have accepted this patient on behalf of the doctor named below, who is a member of this practice and is on the HA CHS list and will provide Child Health Surveillance to this patient.

Doctors Name, if different from above

HA Code

- ☐ I will dispense medicines/appliances to this patient subject to Health Authority's Approval
☐ I am claiming rural practice payment for this patient.

Distance in miles between my patient's home address and my main surgery is

This space is for the doctor to provide the information correct and to sign the appropriate payment is set out in the Statement of Fees and Allowances. An audit trail is available at the practice for inspection by the HA's authorised officers and members appointed by the Health Commission.

Practice Stamp

Authorised Signature

Name

Date ____/____/____

SUPPLEMENTARY QUESTIONS

PATIENT DECLARATION for all patients who are not ordinarily resident in the UK

Anybody in England can register with a GP practice and receive free medical care from that practice. However, if you are not 'ordinarily resident' in the UK you may have to pay for NHS treatment outside of the GP practice. Being ordinarily resident broadly means living lawfully in the UK on a properly settled basis for the time being. In most cases, nationals of countries outside the European Economic Area must also have the status of 'indefinite leave to remain' in the UK.

Some services, such as diagnostic tests of suspected infectious diseases and any treatment of those diseases are free of charge to all people, while some groups who are not ordinarily resident here are exempt from all treatment charges.

More information on ordinary residence, exemptions and paying for NHS services can be found in the Visitor and Migrant patient leaflet, available from your GP practice.

You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment.

The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided.

Please tick one of the following boxes:

- a) ☐ I understand that I may need to pay for NHS treatment outside of the GP practice
b) ☐ I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the Immigration Health Charge ("the Surcharge"), when accompanied by a valid visa. I can provide documents to support this when requested
c) ☐ I do not know my chargeable status

I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me.

A parent/guardian should complete the form on behalf of a child under 16.

Signed:		Date:	
Print name:		Relationship to patient:	
On behalf of:			

Complete this section if you live in another EEA country, or have moved to the UK to study or retire, or if you live in the UK but work in another EEA member state. Do not complete this section if you have an EHIC issued by the UK.

NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 FORMS

Do you have a <u>non-UK</u> EHIC or PRC?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter details from your EHIC or PRC below:
<p>If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC))/S1, you may be billed for the cost of any treatment received outside of the GP practice, including at a hospital.</p>	Country Code:	
	3: Name	
	4: Given Names	
	5: Date of Birth	
	6: Personal Identification Number	
	7: Identification number of the institution	
	8: Identification number of the card	
9: Expiry Date		
PRC validity period	(a) From:	(b) To:

Please tick ☐ if you have an S1 (e.g. you are retiring to the UK or you have been posted here by your employer for work or you live in the UK but work in another EEA member state). Please give your S1 form to the practice staff.

How will your EHIC/PRC/S1 data be used? By using your EHIC or PRC for NHS treatment costs your EHIC or PRC data and GP appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of cost recovery. Your clinical data will not be shared in the cost recovery process.

Your EHIC, PRC or S1 information will be shared with The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.

Date ____/____/____

EMIS _____

Name _____

***Mobile number consent** (consent code 9NdP) (opt out code 9NdQ)

We may be contacting you to remind you of appointments and request health information from you by text.
Please tick the box you would like to apply for yourself.

☐

Yes I would like to be contacted via text.

☐

No I would not like to be contacted via text

NEXT OF KIN NAME & PHONE NUMBER:** _____Relationship to Patient:** _____

Is the patient a permanent resident in a Nursing Home? Y/N _____

(If the patient is a permanent resident in a nursing home, please code 13F61)

***ETHNIC ORIGIN** (please tick one)**A: White**

British O 9i0

Irish O 9i1

Other..... O 9i2

B: Mixed

White/Black Caribbean O 9i3

White/Black African O 9i4

White/Asian O 9i5

Other..... O 9i6

E: Chinese or other

Chinese O 9iE

Other O 9iF

C: Asian/British Asian**D: Black or Black British****Not Stated** O 9iG

Indian O 9i7

Pakistani O 9i8

Bangladeshi O 9i9

Other..... O 9iA

Caribbean O 9iB

African O 9iC

Other..... O 9iD

First language spoken.....13L*

Will you need someone to translate for you? (Please tick in the circle) Yes - O No - O

***DO YOU SMOKE?**

Never smoked O 1371 Ex-smoker O 137S When did you stop smoking? ____/____/____

Yes – still smoking O Please see below

Please tell us what and how many you smoke(d):

Cigarettes O 137P

Roll-ups O 137M

Pipe O 137H

Cigars O 137J

Number per day:

5 O

10 O

15 O

20 O

30 O

40 O

50 O

How many ounces per week? _____

Do you chew tobacco? Y/N (137W)

Would you like referral to smoking cessation? Y/N

(Yes -8H7i) (No – 8iek)

ARE YOU A CARER?** Y/N If YES, please ask at reception for further details.DO YOU HAVE A CARER?** Y/N If YES, please ask at reception for further details.***Would you like to join the Patient Participation Group? Yes/No**

If applicable:

School Details

Primary School.....(13Z43)Secondary school.....(13Z44)

The Cornerstone Practice

Shadsworth Surgery Shadsworth Road Blackburn BB1 2HR Tel: 01254-618018	Rhyddings Surgery 71 Union Road Oswaldtwistle BB5 3DD Tel: 01254-618080	Lambeth Street Surgery Lambeth Street Blackburn BB1 1LZ Tel: 618070
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GP Choice - Out of Area Registration Patient Information and Declaration Form

IMPORTANT INFORMATION FOR PATIENTS REGISTERED UNDER THE TERMS OF 'OUT OF AREA' ARRANGEMENTS

We are aware that you live outside the practice area (catchment area). Under this scheme the Practice is not required to provide you with a home visit.

You may on occasion, develop an urgent illness or injury at home which means attending the GP surgery as normal would not be appropriate. If you require urgent medical services whilst you are at home please contact the practice in the first instance. If we determine you need access to services local to where you live we may ask you to call NHS 111.

If urgent care services are required NHS 111 will direct you to a service that has been established by NHS England for patients such as you. This local service could be a GP practice near to where you live, the local walk-in or urgent care centre. In these circumstances you will need to provide our practice details as above to the urgent care provider to allow them to transfer your consultation data to us so we can update your records.

Out of Area New Patient Questionnaire (Please Complete)

- 1: Have you consulted a GP at least 4 times in the previous 12 months? Yes / No
- 2: Have you needed a GP home visit on at least 2 occasions in the previous 12 months? Yes / No
- 3: I receive home based care or community based care because of a condition that I have. Yes/no
- 4: A child of a family member is on the Child Protection Register. Yes/ no
- 5: I am on more than 3 regular medications. Yes/ no

If you have answered 'Yes' to any of the questions above, please provide a brief explanation:

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(This information will be treated sympathetically and confidentially)

UNITS: Pint of regular beer/lager/cider = 2. Alco pop/can of lager = 1.5 1.75ml glass of wine = 2. Single measure of spirit = 1. Bottle of wine = 9						
	Scoring system					Your score
Questions	0	1	2	3	4	
How often do you have a drink that contains alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+	
How often do you have 6 or more standard drinks on one occasion?	never	Less than monthly	monthly	weekly	Daily or almost daily	
How often in the last year have you found you were not able to stop drinking once you had started?	never	Less than monthly	monthly	weekly	Daily or almost daily	
How often in the last year have you failed to do what was expected of you because of drinking?	never	Less than monthly	monthly	weekly	Daily or almost daily	
How often in the last year have you needed an alcoholic drink in the morning to get you going?	never	Less than monthly	monthly	weekly	Daily or almost daily	
How often in the last year have you had a feeling of guilt or regret after drinking?	never	Less than monthly	monthly	weekly	Daily or almost daily	
How often in the last year have you not been able to remember what happened when drinking the night before?	never	Less than monthly	monthly	weekly	Daily or almost daily	
Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring:
0-7 = sensible drinking, 8-15 = hazardous drinking, 16-19 = harmful drinking & 20+ = possible dependence

REGISTRATION DECLARATION

If you answered 'Yes' to the Patient Questionnaire the GP will review your application to determine if it is clinically appropriate to accept you on to our list under this arrangement. In some circumstances the GP may contact your current practice for further information regarding your medical history. Your signature below acts as your consent for us to request this information.

We will inform you within 5 working days if your application has been successful. If for any reason you have not been accepted as a new registration we will inform you of our reasons.

If you answered 'No' to the Patient Questionnaire You are accepted on to our list under this arrangement because it was agreed it was clinically appropriate and practical to register you in this way today.

PATIENT DECLARATION

In the event that your health requirements change and it is that our professional opinion would be that it would be more clinically appropriate and practical for you to register with a GP practice nearer to your home to provide home visits or urgent appointments more conveniently, then the terms of this registration will change and you will be advised to register with a GP practice closer to home.

I understand the terms and urgent care arrangements of this registration application:

Print Name: _____

Address: _____

Post Code: _____

Contact No: _____

Signature: _____

Date: _____

(OOA code 912N)



Your emergency care summary

Dear Patient

Summary Care Record – your emergency care summary

The NHS in England is introducing the Summary Care Record, which will be used in emergency care. The record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely.

Your Summary Care Record will be available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that if you have an accident or become ill, healthcare staff treating you will have immediate access to important information about your health.

Cornerstone Practice is supporting Summary Care Records and as a patient you have a choice:

- **Yes I would like a Summary Care Record** – you do not need to do anything and a Summary Care Record will be created for you.
- **No I do not want a Summary Care Record.** Please ask a member of the reception team for an Opt-Out form, complete with signature and hand it to a member of the GP practice staff.

If you need more time to make your choice you should let your GP Practice know.

For more information, visit www.nhscarerecords.nhs.uk or telephone the dedicated NHS Summary Care Record Information Line on 0300 123 3020.

Additional copies of the opt out form can be collected from the GP practice, printed from the website www.nhscarerecords.nhs.uk or requested from the dedicated NHS Summary Care Record Information Line on 0300 123 3020.

You can choose not to have a Summary Care Record and you can change your mind at any time by informing your GP practice.

If you do nothing we will assume that you are happy with these changes and create a Summary Care Record for you. Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian chooses to opt them out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, then you should make this information available to them.

Yours sincerely

Katie Stanton
Katie Stanton
Practice Manager