

Shadsworth Surgery

Shadsworth Road
Blackburn BB1 2HR
Tel: 01254 964660
Cornerstonepractice.com

Dear Patient,

Please find enclosed some registration forms.

We would appreciate it if you would complete the forms in as much detail as possible. Please note that if any information is missing, there may be a delay in your registration. We will try and process your registration as quickly as we can, which can take up to 2 weeks. However, it would be advisable to ensure that you have sufficient medication issued by your previous surgery, whilst your registration form is being processed.

Included in the pack of forms are:

- **The Registration Form** – Please complete with as much detail as possible (middle names, previous address and previous GP name and address) PLEASE ENSURE THAT YOU SIGN THE FORM.
- **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).
- **Next of Kin and Personal Information Form** – Please can you let us know your next of kin name, phone number, and relation to you – this is important in case we need to contact them in an emergency
- **Summary Care Record** – Please indicate whether you allow us to share your information in an emergency with the Emergency Services
- An **'Out of Area'** declaration form- Only needs to be completing if your property is **outside** our Practice Boundary. (*One of our staff members would be able to help identify this*)

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

Yours sincerely
Joanna Watson
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

***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.

I would not like to be contacted via text

***Home telephone number** (if available)

***Email Consent** (if ticked please provide your email)

The practice has launched a new contact system called Patches, this service is open to non – clinical requests such as fit/sick note requests and medical reports. (this may change in the future)

To register please visit <https://patches.ai/practice/shadsworthsurgery>

***NEXT OF KIN NAME** _____

***PHONE NUMBER:** _____

***RELATIONSHIP TO YOU:** _____

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

(If yes please code 13F61)

First language spoken.....13L*

Will you need someone to translate for you? Yes - No -

***DO YOU SMOKE?**

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

Yes – still smoking Please see below

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

Cigarettes (137P) Roll-ups (137M) Pipe (137H) Cigars (137J)

Number per day:

5 10 15 20 30 40 50

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
(patient forum to discuss improvements/complaints/etc)

If applicable:

School Details

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

.....(13Z44)



This is very important:

We need your permission to share records with Hospital and Ambulance



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

A handwritten signature in black ink that reads 'Katie Stanton'.

Katie Stanton
Practice Manager

.....
.....
(This information will be treated sympathetically and confidentially)

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.

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:

(OOA code 912N)

Print Name: _____

Address:

Post Code: _____

Contact No: _____

Signature: _____

Date: ____/____/____

Please be aware that once you have been registered on our system we will send you a letter of confirmation and request that you book an appointment for a registration check with the nurse to take some of your medical history until your records are received from your previous G.P.

(only required for those above the age of 8)

Also note that if you are registering a new-born baby, we will need their NHS number which can be found in the red book.

Many thanks, the Cornerstone Team!