

## Rhyddings Surgery

71 Union Rd, Oswaldtwistle,  
Accrington BB5 3DD

Tel: 0154 964880

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  
Charles Gent  
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.

**No**, 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)

## 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 GP practice while at that address
	Address of previous GP practice

## 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
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## Were you ever registered with an Armed Forces GP

Please indicate if you have served in the UK Armed Forces and/or been registered with a Ministry of Defence GP in the UK or overseas:  Regular  Reservist  Veteran  Family Member (Spouse, Civil Partner, Service Child)

Address before enlisting: \_\_\_\_\_

Postcode: \_\_\_\_\_

Service or Personnel number: \_\_\_\_\_ Enlistment date: DD MM YY Discharge date: DD MM YY (if applicable)

*Footnote: These questions are optional and your answers will not affect your entitlement to register or receive services from the NHS but may improve access to some NHS priority and service charities services.*

## If you need your doctor to dispense medicines and appliances\*

I live more than 1.6km 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

*\*Not all doctors are authorised to dispense medicines*

## What is your ethnic group?

Please tick one box that best describes your ethnic group or background from the options below:

**White:**  British  Irish  Irish Traveller  Traveller  Gypsy/Romany  Polish

Any other white background (please write in): \_\_\_\_\_

**Mixed:**  White and Black Caribbean  White and Black African  White and Asian

Any other Mixed background (please write in): \_\_\_\_\_

**Asian or Asian British:**  Indian  Pakistani  Bangladeshi

Any other Asian background (please write in): \_\_\_\_\_

**Black or Black British:**  Caribbean  African  Somali  Nigerian

Any other Black background (please write in): \_\_\_\_\_

**Other ethnic group:**  Chinese  Filipino

Any other ethnic group (please write in): \_\_\_\_\_

**Not stated:**

Not Stated should be used where the PERSON has been given the opportunity to state their ETHNIC CATEGORY but chose not to.

**NHS England use only**      Patient registered for       GMS       Dispensing

## To be completed by the GP Practice

Practice Name

Practice Code

 I have accepted this patient for general medical services on behalf of the practice

 I will dispense medicines/appliances to this patient subject to NHS England approval.

*I declare to the best of my belief this information is correct*

Authorised Signature

Name      Date

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Practice Stamp

**SUPPLEMENTARY QUESTIONS** – These questions and the patient declaration are optional and your answers will not affect your entitlement to register or receive services from your GP.

### 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.**

<b>Signed:</b>		<b>Date:</b>	DD MM YY
<b>Print name:</b>		<b>Relationship to patient:</b>	
<b>On behalf of:</b>			

**Complete this section if you live in an EU 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 <b>non-UK</b> EHIC or PRC?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter details from your EHIC or PRC below:
 <p><i>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.</i></p>	Country Code:	
	3: Name	
	4: Given Names	
	5: Date of Birth	DD MM YYYY
	6: Personal Identification Number	
	7: Identification number of the institution	
	8: Identification number of the card	
	9: Expiry Date	DD MM YYYY
	PRC validity period (a) From:	DD MM YYYY

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 Business Service Authority for the purpose of recovering your NHS costs from your home country.



**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](http://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](http://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!**