

Welcome to Darwen Healthlink.

To improve the health, well-being and lives of those we care for.

Please find attached a new patient adult registration pack including:

1. GMS1 form
2. Registration form
3. Health questionnaire
4. Alcohol & Smoking questionnaire
5. Third Party Consent Form
6. Practice policy on Hypnotics & Anxiolytics
7. How to order your prescriptions
8. Practice policy on Repeat Medication
9. Summary care records/National data opt out

1.	Complete the GMS1 (Purple Form) to register your details with the practice. This can be done using our registration tool on our website www.darwenhealthlink.nhs.uk or by collection from the practice with your registration pack.
2.	Complete the New Patient Registration Form
3.	Complete the Health questionnaire
4.	Complete the Alcohol/smoking questionnaire, sign & date
5.	Third Party Consent form under the data protection act 1998 and 2003 it is considered a breach of patient confidentiality for the practice to release your records to a third party without your consent.
6.	Complete in full Practice Policy on Hypnotics and Anxiolytics, sign & date
7.	How to order your medication information page
8.	Patient Online Access Registration Via Patient Access/MyGP we offer 24/7 online access to the practice with the option of booking routine appointments, ordering repeat prescriptions, sending non-urgent messages and other benefits. Complete the Darwen Healthlink Patient Access form to sign up.
9.	Read the information about the Summary Care Record (SCR). The NHS in England has introduced 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. Additional information on the Summary Care Record can be found at: http://www.nhs.uk/summary/
9.b	Patients can view or change their national data opt-out choice at any time by using the online service at www.nhs.uk/your-nhs-data-matters or by calling 0300 3035678.

NEW PATIENT ADULT REGISTRATION FORM

All information will be treated in the strictest confidence and is for your GP's records only

Surname/Last/Family Name:		Forename/First Name(s):		Previous Names:	
Address:					
Postcode:					
Date of Birth:					
Have you been registered with this practice before?					
Home Telephone Number:		Mobile Telephone Number:		Work Telephone Number	
Email Address (we require this to set you up on patient online access)					
No. of children:		No. of children living with you			
Do you have any communication or information needs?		How can we assist you with your needs?		Have you ever served in the armed forces?	
<i>Sensory needs e.g. registered blind, hard of hearing etc.</i>		<i>E.g. hearing loop, language line, large text documents etc.</i>		Yes	
				No	
				13Ji	
Are you a Carer for someone (If so who)?			Does someone look after you (If so who)?		
Country of Origin/Ethnicity: (please tick)				First Language:	
British or Mixed British		<input type="checkbox"/>			
Irish		<input type="checkbox"/>			
Caribbean		<input type="checkbox"/>			
African		<input type="checkbox"/>			
Asian		<input type="checkbox"/>			
Pakistani		<input type="checkbox"/>			
Bangladeshi		<input type="checkbox"/>			
Chinese		<input type="checkbox"/>			
Polish		<input type="checkbox"/>			
Other (Please state)					
.....				Occupation:	
<i>Please tick one of the following as appropriate:</i>					
Single		Married		Co-habiting	
				Widowed	

HEALTH QUESTIONNAIRE

FAMILY HISTORY Have you or your family had any of the following conditions?

	Yourself		Your family – Please state family member, eg mother, Brother, etc and give any relevant details
	Yes	No	
Asthma			
Diabetes			
High blood pressure			
Heart problems			
Stroke			
Epilepsy/fits			
Skin disorders			
Nervous disorders			
Allergies (inc medicines)			
Congenital diseases			
Cancer			

Have you had any illness/operations not mentioned above? *(Please give dates where applicable).*

Do you take any medicines/tablets regularly? If so, give details, i.e. name, dose, time of day taken

Has your blood pressure been checked in the last year? YES / NO *(Please delete as appropriate)*

How many times do you exercise in one week, e.g. walking, exercise classes, swimming, other:

1	2	3	4	5 or more
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Please state what immunisations you have had and when:

Immunisation	Date

WOMEN ONLY

What form of contraception do you use?		
When did you last have a cervical smear?	Where	Result
Have you ever had a mammogram or breast screening?	Reason	When

ALCOHOL/SMOKING QUESTIONNAIRE

THE FOLLOWING QUESTIONS MUST BE ANSWERED

Registration cannot be accepted unless this information is provided

Q1 MEN: How often do you have EIGHT OR MORE DRINKS on one occasion? WOMEN: How often do you have SIX or more drinks on one occasion?				
(NB – 1 drink = ½ pint of beer or 1 glass of wine or 1 single spirits)				
0 Never	1 Less than monthly	2 Monthly	3 Weekly	4 Daily or almost daily
Q2 How often during the last year have you been unable to remember what happened the night before because you had been drinking?				
0 Never	1 Less than monthly	2 Monthly	3 Weekly	4 Daily or almost daily
Q3 How often during the last year have you failed to do what was normally expected of you because of drinking?				
0 Never	1 Less than monthly	2 Monthly	3 Weekly	4 Daily or almost daily
Q4 In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?				
0 Never	1 Less than monthly	2 Monthly	3 Weekly	4 Daily or almost daily
Q5 Overall, how many units of alcohol do you drink per week				Total

Q1 Do you smoke	YES / NO
Q2 If yes, how many daily	
Q3 If you have stopped smoking, please state what year you stopped	
Q4 Do you need advice about giving up	YES / NO

Please sign and date or the registration will not be accepted

DATE: / / SIGNATURE:

**DARWEN HEALTHLINK
THIRD PARTY CONSENT FORM**

Under the data protection act 1998 and 2003 it is considered a breach of patient confidentiality for the practice to release your records to a third party without your consent.

Therefore, we kindly ask you to give us written authorisation to provide any personal or clinical information from your medical records to a family member/carer/friend etc.

Please complete the following;

Your full name:	
DOB:	Telephone number:
Address:	
Name of person(s) consent is being granted to:	
Contact number of third-party recipient(s):	
Relation to patient:	

I fully consent to my GP Practice releasing information to and discussing my care and medical records with the above named person/s.

The authority is for an indefinite period (Please tick if appropriate)

The authority is for a limited period, this is valid until _____. (Insert date)

Signed _____

Date _____

**PRACTICE POLICY ON
HYPNOTICS & ANXIOLYTICS**

Any new patient currently prescribed hypnotics or anxiolytics will need to make an appointment with the GP at the time of registration and were appropriate placed on a withdrawal regime.

Pre-Registration Questionnaire

Patient Name:	Date of Birth:
Please delete as necessary	
I am / I am not currently prescribed or taking any of the following medications:	
<i>Zolpidem, Zopiclone, Zaleplon, Temazepam, Oxazepam, Nitrazepam, Lorazepam, Lormetazepam, Diazepam, Flurazepam, Tramadol or Morphine.</i>	
Signature.....	Date / /

Do you have a nominated pharmacy that you have your prescriptions sent to electronically?	Name of Pharmacy/Location	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name: Location:

**PRACTICE POLICY ON
REPEAT/ACUTE MEDICATION**

When first registering with Darwen Healthlink you will need to provide an up to date list of your repeat medications, the following formats are acceptable and must be attached to the registration form:

- A brief summary print out of medication from your previous practice.
- The white right side medication slip from your last prescription, this can be collected from your pharmacy or can be printed from your previous practice.

It is your responsibility to have at least two weeks' worth of medication from your previous practice. This gives your new GP the time to retrieve all your medical records from your previous practice and review your medication.

If you are currently taking any **Hypnotics or Anxiolytics** you will be required to have a medication review and be placed on a reducing regime were appropriate.

Please sign and date that you understand the policy, or the registration will not be accepted
DATE: / / SIGNATURE:

HOW TO ORDER YOUR MEDICATION

By Telephone: 01254 226600 or Patient Access/MyGP:

**Please note the prescription lines are open from 8:30am-12:30pm and 14:00-16:00pm*

Patient Access/MyGP:

Patient Access/MyGP is a web-based system. It allows you to book and cancel appointments, order repeat medication, view your medical records and blood results online.

Please see attached information ([Access to GP online services](#)) in order for us to set an account up for you.

Alternatively, please ask at reception for more information to sign up to access this FREE service

LENGTH OF TIME IT WILL TAKE TO PROCESS YOUR REPEAT PRESCRIPTION

It takes **48 hours** for repeat prescriptions. This allows the practice time to process your request and the GPs to sign them. (Working days)

New medications that are not on your repeat list may take longer as the GP may require more information.

Medication required **urgently** can be arranged on the day in exceptional circumstances. Please inform the prescription clerk who can advise you further.

***Please note medications that are for the following ailments are classed as over the counter and will not always be authorised on prescription:**

Pain killers for minor aches and pains	Lozenges, throat sprays, mouthwashes, gargles and toothpastes
Tonics, health supplements and vitamins	Indigestion remedies for occasional use
Ear Wax removers	Antifungal Treatment
Hair removal creams	Preparations for infant colic, nappy rash or teething
Moisturisers and sun cream	Antihistamines for hayfever/bites
Creams for bruising, tattoos and scars	Head lice treatments
Antiperspirants	Conjunctivitis treatment
Dandruff - Cradle cap treatments	Emollients for mild dry skin conditions
Teething treatments	Warts and Verruca treatments

Pink prescriptions from the hospital must be dispensed at the hospital on discharge and brought to the surgery for updating your medical record.

EPS: ELECTRONIC PRESCRIBING SERVICE

Over time all paper prescriptions will be replaced by electronic prescriptions, as electronic prescribing is intended to make the prescribing and dispensing process more efficient and convenient for you. Your GP will send your requested medication electronically to the pharmacy of your choice, saving you time. Controlled drugs may still be in paper form.

Please be aware that Darwen Healthlink does not add Electronic nominations onto patient records this must be done at the pharmacy of your choice

DARWEN HEALTHLINK**PATIENT ONLINE ACCESS REGISTRATION FORM ACCESS TO GP ONLINE SERVICES**

Surname	
First name	
Date of birth	
Address	
Postcode	
Email address	
Contact number/s	

I wish to have access to the following online services (tick all that apply):

1. Booking appointments		<input type="checkbox"/>
2. Requesting repeat prescriptions		<input type="checkbox"/>
3. Accessing my medical records	ONLY TICK IF YOU WISH TO SEE YOUR MEDICAL NOTES (This process can take up to 21 working days)	<input type="checkbox"/>

Application for online access to my medical record

I wish to access my medical record online and understand and agree with each statement below (please tick):

1. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
2. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
3. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
4. If I see information in my record that is not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible	<input type="checkbox"/>

Office use only

Received by (Staff initials):

ID seen:

Type of ID:

Notes/checked by:

Access granted, and patient informed:

Date:

SUMMARY CARE RECORDS

Important information about your Summary Care Record

Dear patient,

The NHS in England has introduced the Summary Care Record, an electronic health record that can be accessed when you need urgent treatment from somebody other than your own GP.

Summary Care Records contain key information about the medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had in the past. You will be able to add other information too if you and your GP agree that it is a good idea to do so.

If you have an accident or fall ill, the people caring for you in places like accident and emergency departments and GP out of hours services will be better equipped to treat you if they have this information.

Your Summary Care Record will be available to authorised healthcare professionals whenever and wherever you need treatment in England, and they will ask your permission before they look at it.

You need to make a decision

Your GP practice is supporting Summary Care Records and as a patient you have a choice:

- **Yes, I would like a Summary Care Record.** *If you want a record you do not need to do anything further, one will be created for you when you register with your GP practice.* If you opted out of having a record in the past but have now changed your mind, speak to your GP practice and they can create one for you.
- **No, I do not want a Summary Care Record.** If you do not want a record, you need to fill in the Summary Care Record opt out form and hand it in to your GP practice. You should do this even if you have already completed a form at your previous practice. Opt out forms are available from your GP practice.

You are free to change your decision at any time by informing your GP practice.

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, please tell them about Summary Care Records and explain the options available to them.

For more information talk to your GP practice, or call the Health and Social Care Information Centre on 0300 303 5678.

Yours sincerely

Darwen Healthlink

Information about your health and care helps us to improve your individual care, speed up your diagnosis, plan your local services and research new treatments.

NATIONAL DATA OPT OUT

The national data opt-out was introduced in May 2018, enabling patients to opt out from the use of their data for research or planning purposes, in line with the recommendations of the National Data Guardian in her Review of Data Security, Consent and Opt-Outs.

Patients can view or change their national data opt-out choice at any time by using the online service at www.nhs.uk/your-nhs-data-matters or by calling 0300 3035678.

How your data is used

Your health and care information is used to improve your individual care. It is also used to help us research new treatments, decide where to put GP clinics and plan for the number of doctors and nurses in your local hospital. Wherever possible we try to use data that does not identify you, but sometimes it is necessary to use your confidential patient information.

What is confidential patient information?

Confidential patient information identifies you and says something about your health, care or treatment. You would expect this information to be kept private. Information that only identifies you, like your name and address, is not considered confidential patient information and may still be used for example, to contact you if your GP practice is merging with another.

Who can use your confidential patient information for research and planning?

It is used by the NHS, local authorities, university and hospital researchers, medical colleges and pharmaceutical companies researching new treatments.

Making your data opt-out choice

You can choose to opt out of sharing your confidential patient information for research and planning. There may still be times when your confidential patient information is used: for example, during an epidemic where there might be a risk to you or other people's health. You can also still consent to take part in a specific research project.

Will choosing this opt-out affect your care and treatment?

No, your confidential patient information will still be used for your individual care. Choosing to opt out will not affect your care and treatment. You will still be invited for screening services, such a screening for bowel cancer.

What you should do next?

You do not need to do anything if you are happy about how your confidential patient information is used.

If you do not want your confidential patient information to be used for research and planning, you can choose to opt out securely online or through a telephone service.

You can change your choice at any time.

To find out more or to make your choice visit: nhs.uk/your-nhs-data-matters or call 0300 3035

**DO NOT COMPLETE
FOR OFFICE USE ONLY**

GMS1 FORM – PURPLE FORM NAME – DOB – COB – HOME ADDRESS – NHS NUMBER - TEL NUMBERS <u>ARE</u> <u>ESSENTIAL</u>	<input type="checkbox"/>
NEW PATIENT REGISTRATION FORM – 1 ST PAGE	<input type="checkbox"/>
NEW PATIENT QUESTIONAIRE	<input type="checkbox"/>
THIRD PARTY CONSENT FORM	<input type="checkbox"/>
POLICY ON HYPNOTICS AND ANXIOLYTICS	<input type="checkbox"/>
SUMMARY CARE RECORDS/NATIONAL DATA OPT OUT	<input type="checkbox"/>
PATIENT ONLINE ACCESS REGISTRATION PLEASE ASK IF MEDICAL SUMMARY IS NEEDED	<input type="checkbox"/> <input type="checkbox"/>
PATIENT WITHIN PRACTICE BOUNDARIES?	YES <input type="checkbox"/> <input type="checkbox"/> NO	IF NO PLEASE ADVISE THE PATIENT TO REGISTER TO A PRACTICE WITHIN THEIR LOCAL AREA
SEEKING ASYLUM – DATE ENTERED UK	<input type="checkbox"/>
ID THIS MUST BE TAKEN FOR ALL PATIENTS REGISTERING TO THE PRACTICE AND MUST BE PHOTOGRAPHIC PLEASE SIGN TO ACCEPT YOU HAVE SEEN PHOTOGRAPHIC ID FOR THE REGISTERING PATIENT	<input type="checkbox"/>