

## DARWEN HEALTHCARE PATIENT REGISTRATION PACK



### Pack Contents:

1. Registration instructions (this page)
2. GMS1 (purple) application form (if you are from overseas - all 'supplementary questions' on the back of GMS1 form also need to be completed)
3. New Patient Questionnaire
4. Contract of Care
5. Summary Care Record Choices form
6. National Data Opt Out sharing form
7. Appointments and online access via PC or Smart Device
8. Third Party Consent Form
9. New Patient Questionnaire Age 15 or Under
10. Manage How your Childs Data is used

Welcome to Darwen Healthcare. We trust that your time registered with us will be a happy and healthy one. To join the practice & complete your registration please follow the steps below.

Please note you will not be registered at Darwen Healthcare until you return your completed documents to the practice. **You will also need to produce TWO forms of identification - one photographic (eg: passport, driving licence) & one proof of address (e.g.: utility bill, tenancy agreement etc) to set online access to your medical record.**

**A set of forms should be completed for all Patient wishing to register**

2.	Complete the <b>GMS1 (purple) form</b> to register your details with the practice. <b>Overseas residents also need to complete the back of this form.</b> Alternatively This can also be completed online at <a href="https://www.darwenhealthcare.co.uk/new-patient-registration-form">https://www.darwenhealthcare.co.uk/new-patient-registration-form</a>	Please tick the boxes below when you have read or completed the section put N/A if not applicable
3.	Complete the <b>New Patient Questionnaire</b> . Alternatively This can also be completed online at <a href="https://www.darwenhealthcare.co.uk/new-patient-questionnaire-form">https://www.darwenhealthcare.co.uk/new-patient-questionnaire-form</a>	
4.	Our Contract of Care	
5.	<p>Read the information about the <b>Summary Care Record (SCR)</b>. 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. Addition information on the Summary Care Record can be found:</p> <p><a href="https://digital.nhs.uk/services/summary-care-records-scr/summary-care-records-scr-information-for-patients">https://digital.nhs.uk/services/summary-care-records-scr/summary-care-records-scr-information-for-patients</a></p> <p>If you wish to opt of this scheme or change what information is shared you <b>MUST</b> complete the Summary Care Record Opt-Out form and return it to the practice with your other completed forms.</p>	

6.	<p>Your health records contain a type of data called confidential patient information. This data can be used to help with research and planning. You can choose to stop your confidential patient information being used for research and planning. You can also make a choice for someone else like your children under the age of 13.</p> <p>Your choice will only apply to the health and care system in England. This does not apply to health or care services accessed in Scotland, Wales or Northern Ireland.</p> <p>Read the enclosed “<b>Your health record and sharing of information</b>” form and complete stating your choice.</p> <p>National Data opt Out - you have the right to choose whether your confidential patient information is used for research and planning. To find out more visit <a href="https://digital.nhs.uk/services/national-data-opt-out">https://digital.nhs.uk/services/national-data-opt-out</a> or visit the practice website</p>	
7.	<p>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. There are currently 3 options you can request an appointment online at <a href="https://www.darwenhealthcare.co.uk/appointments-2">https://www.darwenhealthcare.co.uk/appointments-2</a> .</p> <p>Alternatively, there is an online App for PC called Patient Access which needs to be set up by the Practice, please complete the Access Request Form.</p> <p>For Android and Apple phones and tablets you can download the myGP app from the store. Details of both these can found on the above web address. These will give you further information about your health record and medications. Once you have downloaded the app and registered, please contact us to allow further access to records and prescriptions if required.</p>	
8.	<p>Third Party Consent Form for those over 16 and wish to allow another Adult to act on their behalf</p>	
9.	<p><b>New Patient Questionnaire for Age 15 &amp; Under</b> If you wish to register any children please complete a form for each child and return these also.</p>	
10	<p><b>Make and Manage your child’s Data Choices</b> (see section 5 &amp; 6 for further information) Please complete for each Child</p>	

## 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.**

Signed:		Date:	DD MM YY
Print name:		Relationship to patient:	
On behalf of:			

**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 non-UK 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.

## DARWEN HEALTHCARE NEW PATIENT QUESTIONNAIRE (Age 16 years and over)

Full name		Title	Mr/Mrs/Ms/Miss/Master/Mx/Dr
Date of Birth		Sex	
Home Phone Number		Ethnic group	
Mobile Number		Language spoken (Do you required an interpreter?)	
Work Phone Number		Height	
Email address		Weight	
Allergies/Intolerances		Occupation	
Have you ever served in the British Armed Services? YES or NO			
Have you moved to England from overseas? YES or NO			
<b>FEMALES ONLY aged 25y to 64y:</b>			
Date of last cervical smear test?		Result if known?	
History of hysterectomy? YES or NO		Date of hysterectomy?	

If you currently take regular medication, please bring a copy of your re-order form from your previous GP or pharmacy

**ALL PATIENTS:** The practice has adopted the Electronic Prescribing Service please advise your preferred pharmacy (whether you are currently on repeat medications or not)

Nominated Pharmacy

Do you consent to being contacted by SMS text message and receiving test results via SMS text message? YES or NO

A CARER is someone who provides care on a regular and UNPAID basis for an elderly, ill or disabled relative or friend

Do you care for someone? YES or NO      If YES, who do you care for?

What is their relationship to you?

Does somebody care for you? YES or NO      If YES, who cares for you?

What is their relationship to you?

Carers current contact number (if carer consents to you giving the information)

Do you give consent for us to discuss any relevant medical information, if appropriate, with your carer? YES or NO

SMOKING STATUS	Please tick all applicable	Amount smoked	Date stopped smoking
NEVER SMOKED			
SMOKER			
E-CIGARETTE USER			
EX SMOKER			
EX E-CIGARETTE USER			

If you are interested in stopping smoking: Please visit <https://www.nhs.uk/better-health/quit-smoking/>

<b>ALCOHOL INTAKE - Please tick the boxes that apply to you and add up the points to find your total</b>					
<b>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?</b>	Never 0 points	Less than monthly 1 point	Monthly 2 points	Weekly 3 points	Daily or almost daily 4 points
<b>How often during the last year have you been unable to remember what happened the night before because you had been drinking?</b>	Never 0 points	Less than monthly 1 point	Monthly 2 points	Weekly 3 points	Daily or almost daily 4 points
<b>How often during the last year have you failed to do what was normally expected of you because of drinking?</b>	Never 0 points	Less than monthly 1 point	Monthly 2 points	Weekly 3 points	Daily or almost daily 4 points
<b>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?</b>	No 0 points		Yes, on one occasion 2 points		Yes, on more than one occasion 4 points
<b>Total for each column</b>					

*\*If you have scored 3 or more in total please complete the questionnaire below ( 1 unit = a third of a pint or 1 med glass wine*

QUESTIONS	Scoring System					YOUR SCORE
	0	1	2	3	4	
<b>How often do you have a drink containing alcohol?</b>	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
<b>How many units of alcohol do you drink on a typical day when you are drinking?</b>	1-2	3-4	5-6	7-9	10+	
<b>How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?</b>	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
<b>How often during the last year have you found that you were not able to stop drinking once you had started?</b>	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
<b>How often during the last year have you failed to do what was normally expected from you because of your drinking?</b>	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
<b>How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?</b>	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
<b>How often during the last year have you had a feeling of guilt or remorse after drinking?</b>	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
<b>How often during the last year have you been unable to remember what happened the night before because you had been drinking?</b>	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
<b>Have you or somebody else been injured because of your drinking?</b>	No		Yes, but not in the last year		Yes, during the year	
					<b>TOTAL SCORE</b>	
<b>SCORING:</b>	<b>0-7 lower risk</b>	<b>8-15 increasing risk</b>	<b>16-19 higher risk</b>	<b>20 or more possible dependence</b>		

If your score is 8 to 19: Advice regarding your alcohol intake can be found at [Alcohol support - NHS \(www.nhs.uk\)http://www.nhs.uk/change4life/Pages/change-for-life.aspx](http://www.nhs.uk/change4life/Pages/change-for-life.aspx), or make an appointment with one of our healthcare assistants for a well person check. If your score is 20+ please make a routine appointment with your new GP.

## Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems? <i>(Please circle to indicate you answer)</i>	Not at all sure	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Worrying too much about different things	0	1	2	3
Trouble relaxing	0	1	2	3
Being so restless that it is hard to sit still	0	1	2	3
Becoming easily annoyed or irritable	0	1	2	3
Feeling afraid as if something awful might happen	0	1	2	3
Score of each column:				

## Patient Health Depression Questionnaire-9 (PHQ9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? <i>(Please circle to indicate you answer)</i>	Not at all sure	Several days	Over half the days	Nearly every day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Trouble falling or staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself, or that you are a failure, or have let yourself or your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
Moving or speaking so slowly that other people could have noticed? Or the opposite, being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
Add the circled scores to get Score of each column:				



# Darwen Healthcare

Tel: 01254 964640  
Email: [darwen.healthcare@nhs.net](mailto:darwen.healthcare@nhs.net)  
[www.darwenhealthcare.co.uk](http://www.darwenhealthcare.co.uk)  
Ann Neville, Business Manager

## CONTRACT OF CARE

The GPs and Staff aim to provide the highest possible care to our patients. The aim of this Contract of Care is to ensure that you understand the practice policies, why such policies are in place and why you should follow them. **Information about our services and policies are detailed within our practice leaflet which is available at [www.darwenhealthcare.co.uk](http://www.darwenhealthcare.co.uk).** Before deciding that you wish to join the practice we ask that you read the leaflet in order to decide whether you can follow the policies presented by the practice in line with the new General Medical Services GP Contract. We particularly recommend that you read closely the details relating to our Appointments, Repeat Prescribing and Behaviour Policies.

Is the practice accessible to you? YES  NO

### PRESCRIBING

Are you on repeat medication YES  NO  Nominated Pharmacy \_\_\_\_\_

If you are on repeat medication please bring your repeat prescription counterfoil from your previous practice or a hospital letter containing details of your current medication to enable us to renew your prescription. We operate a Practice Formulary, which is a list of drugs that we are prepared to prescribe so that we prescribe drugs we are familiar with. Certain treatments may not be prescribed by the practice. **If you are being prescribed opioid or strong painkillers then an appointment will be booked for you to see the GP or Pharmacist to complete a medication review.**

Once you have registered with the practice, your medical records will be requested from the Health Authority. Once the practice receives your records they will be summarised within 4-6 weeks.

CONTRACT OF CARE	
<b>Your responsibilities:</b>	<b>GP Practice Responsibilities:</b>
Comply with recommended treatment	Offer access to quality medical services
Participate in appropriate screening and prevention programs	Provide you with an appointment with a GP as available
Commit to a healthy lifestyle with support from the Practice if required	Enable you to pre-book relevant appointments
Treat Darwen Healthcare clinicians and staff with dignity and respect at all times	Treat you with dignity and respect at all times

If you have any doubts please discuss with the Practice Manager. **I have read the policies as documented in the Practice Leaflet and I understand my responsibility to abide by them.**

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

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

Dr M Ninan, GP  
MB BS MRCP  
MRCGP DRCOG  
GMC No. 4275798

Dr M Umer, GP  
MBChB BSc  
MRCGP DRCOG  
GMC No. 3116188

Dr J Killalea, GP  
MBChB MRCGP  
GMC No. 6145518

Dr Q Hussain, GP  
MBChB BSc  
PGCME  
GMC No. 7080461

Dr S Hafez, GP  
MBChB MRCGP  
GMC No. 7149253



Dr A Alzamani, GP  
MD MRCGP  
GMC No. 7048493

Dr J Davies  
MBChB MRCGP  
DFRSH DRCOG

Dr O Ige  
MBChB MRCGP  
GMC No. 7572604

Dr E Slack  
MBBS RCGP  
GMC No. 751222





## Information for new patients: about your Summary Care Record

### Dear Patient,

If you are registered with a GP practice in England you will already have a Summary Care Record (SCR), unless you have previously chosen not to have one. It will contain key information about the medicines you are taking, allergies you suffer from and any adverse reactions to medicines you have had in the past.

Information about your healthcare may not be routinely shared across different healthcare organisations and systems. You may need to be treated by health and care professionals that do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs.

Having a Summary Care Record can help by providing healthcare staff treating you with vital information from your health record. This will help the staff involved in your care make better and safer decisions about how best to treat you.

### You have a choice

You have the choice of what information you would like to share and with whom. Authorised healthcare staff can only view your SCR with your permission. The information shared will solely be used for the benefit of your care.

Your options are outlined below; please indicate your choice on the form overleaf.

- a) **Express consent for medication, allergies and adverse reactions only.** You wish to share information about medication, allergies and adverse reactions only.
- b) **Express consent for medication, allergies, adverse reactions and additional information.** You wish to share information about medication, allergies and adverse reactions and further medical information that includes: Your significant illnesses and health problems, operations and vaccinations you have had in the past, how you would like to be treated (such as where you would prefer to receive care), what support you might need and who should be contacted for more information about you.
- c) **Express dissent for Summary Care Record (opt out).** Select this option, if you **DO NOT** want any information shared with other healthcare professionals involved in your care.

Please note that it is not compulsory for you to complete this consent form. If you choose not to complete this form, a Summary Care Record containing information about your medication, allergies and adverse reactions and additional further medical information will be created for you as described in point b) above.

The sharing of this additional information during the pandemic period will assist healthcare professionals involved in your direct care and has been directed via the Control of Patient Information (COPI) Covid-19 – Notice under Regulation 3(4) of the Health Service Control of Patient Information Regulations 2002.

If you choose to complete the consent form overleaf, please return it to your GP practice.

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

### Summary Care Record Patient Consent Form

Having read the above information regarding your choices, please choose **one** of the options below and return the completed form to your GP Practice:

#### Yes – I would like a Summary Care Record

Express consent for medication, allergies and adverse reactions only.

**or**

Express consent for medication, allergies, adverse reactions and additional information.

#### No – I would not like a Summary Care Record

Express dissent for Summary Care Record (opt out).

Name of Patient: .....

Address: .....

Postcode: ..... Date of Birth: .....

NHS Number (if known): .....

Signature: ..... Date: .....

If you are filling out this form on behalf of another person, please ensure that you fill out their details above; you sign the form above and provide your details below:

Name: .....

**Please circle one:**      Parent                  Legal Guardian                  Lasting power of attorney  
for health and welfare

If you require any more information, please visit <http://digital.nhs.uk/scr/patients> or phone NHS Digital on 0300 303 5678 or speak to your GP practice.

## National Data Opt-Out

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. The national data opt-out was introduced in May 2018, enabling patients to opt out from the use of their data for research and 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 <https://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 college 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 information is used; for example, during an epidemic where there might be a risk to other people's health. You can also still consent to take part in a specific 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 as screening for bowel cancer.

**What should you do next?** - If you do not want your confidential patient information to be used for research and planning, you can choose to opt out securely online, through the telephone service or complete the provided opt-out form.

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

To find out more details or to opt out of National data planning visit <https://www.nhs.uk/your-nhs-data-matters/manage-your-choice/> to complete the online form, call 0300 3035678 or complete the National Data Type 1 Opt-Out Form enclosed. You can change your choice at any time

## National Data Type 1 Opt-Out Form

If you do not want your personally identifiable patient data to be shared outside of your GP practice for purposes except your own care, you can register an opt-out with your GP practice. This is known as a Type 1 Opt-out.

More information about the National Data Opt-out is here: <https://www.nhs.uk/your-nhs-data-matters/>

You can use this form to:

- register a Type 1 Opt-out, for yourself or for a dependent (if you are the parent or legal guardian of the patient) (to **Opt-out**)
- withdraw an existing Type 1 Opt-out, for yourself or a dependent (if you are the parent or legal guardian of the patient) if you have changed your preference (**Opt-in**)

This decision will not affect individual care and you can change your choice at any time.

<b>Details of patient</b>	<b>Forename(s)</b>	<b>Surname</b>
<b>Address</b>		<b>Telephone number</b>
<b>NHS Number</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Date of birth</b>

If you are filling in this form on behalf of a dependent e.g. a child, the GP practice will first check that you have the authority to do so. Please complete the details below:

<b>Details of parent or legal guardian</b>	<b>Name</b>
<b>Relationship to patient</b>	<b>Address</b>

- Opt-out** - I do not allow my identifiable patient data to be shared outside of the GP practice for purposes except my own care OR I do not allow the patient above's identifiable patient data to be shared outside of the GP practice for purposes except their own care.
- Opt-In or Withdraw Previous Opt-out decision** - I do allow my identifiable patient data to be shared outside of the GP practice for purposes beyond my own care OR I do allow the patient above's identifiable patient data to be shared outside of the GP practice for purposes beyond their own care.

I confirm that:

- the information I have given in this form is correct
- I am the parent/legal guardian of the dependent person I am making a choice for set out above (if applicable)

Signature

Date signed

**For GP Practice Use Only**

<i>Date received</i>		<i>Date applied</i>
<i>Tick to select the codes applied</i>	<b>Opt – Out - Dissent code:</b> 9Nu0 – 827241000000103 - Dissent from secondary use of general practitioner patient identifiable data (finding)	
	<b>Opt – In - Dissent withdrawal code:</b> 9Nu1 – 827261000000102 - Dissent withdrawn for secondary use of general practitioner patient identifiable data (finding)	



Via Patient Access 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.

Further details can be found on our website [www.darwenhealthcare.co.uk](http://www.darwenhealthcare.co.uk).

### PATIENT ACCESS APPLICATION FORM

I would like to register for online Patient Access, routine appointment booking & repeat prescription access service.

Surname		First Name(s)	
Address			
Date of Birth		Telephone	
Mobile Telephone		Consent to be contacted by text message/email	Yes/No
Email			

Please tick the type of access required:

Standard Access (ability to book /cancel appointments, order prescriptions, view allergies/immunisations history)

Full Coded Access

I hereby certify the information to be true. Patient Signature: ..... Date: .....

Please submit this completed application form with photo identification (i.e. photo driving licence or passport) to our GP reception desk.

Your login details will either be sent to the email address provided or you will receive a message to collect from reception, please allow 5 working days to for the application to be processed. Please note: If you have requested coded access as well as standard access this will only be available once your full medical records have been received and verified by a clinician (this can take up to 12 weeks depending on the health authority), standard access will still be given in the interim period.

### TO BE COMPLETED BY PERSON ACCEPTING THE FORM

Copy of Proof of photo identification taken: *Passport*  *Photo driving licence*

Staff Name: ..... & signature: ..... Date: .....

For office use only:

Application processed by: ..... Date: .....

Send for scanning to patient record

**THIRD PARTY CONSENT FORM - DARWEN HEALTHCARE GP PRACTICE**

Please only complete if you wish to nominate another person to have FULL access to your records – access can be given for an indefinite period or a limited period.

PATIENT NAME GIVING CONSENT: .....

TELEPHONE NUMBER: .....

ADDRESS: .....

NOMINATED THIRD PARTY: .....

RELATIONSHIP TO PATIENT: .....

TELEPHONE NUMBER: .....

ADDRESS: .....

If your query involves the medical care of a patient, then the consent of the patient will be required. Please obtain the patient's signed consent below.

**I fully consent to my Doctor releasing information to and discussing my care and medical records with the nominated third party named above.**

**This authority is for an indefinite period / for a limited period only *(delete as appropriate)***

**Where a limited period applies, this authority is valid until ..... *(insert date)***

**Signature of patient giving consent:**

**Date:**

.....

.....

*For office use only – record updated  
(administrators initial & date):*