

T 01254 226691

F 01254 226689

E darwen.healthcare@nhs.net [www.darwenhealthcare.co.uk](http://www.darwenhealthcare.co.uk/) Ann Neville, Business Manager

Darwen Healthcare

Dr C R Dalton, GP MB ChB DRGOG

GMC Number 2824028

Dr M Ninan, GP

MB BS MRCP MRCGP DRCOG

GMC Number 4275798

Dr Q Husaain, GP

MBChB BSc

GMC Number 7080461 Dr J Killalea, GP MB ChB MRCGP

GMC Number 6127915

Dr P J Morris, GP

MB ChB MRCGP BSc DRCOG FPC

GMC Number 3116188

Dr M Umer, GP

MB ChB BSc MRCGP DRCOG

GMC Number 6145518

Outstanding

 **Dar w e n Healthc ar e** - Whe r e **You r** Healt h Ma t t er s

**CONTRACT OF CARE FOR POTENTIAL NEW PATIENTS**

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

**Are you a carer?**  Yes No

**Do you have a carer?**  Yes No

**PRESCRIBING**

**Nominated Pharmacy:** ……………………………………..

**Are you on repeat medication** Yes No

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.

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| **Contract of Care** |
| **Your responsibilities:**  | **Practice Responsibilities:**  |
| 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 these 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:** …………………………..