

For Office Use Only

EMIS No:

Acc. GP slips given?

Dr Vaghela And Dr Gill
Loughborough University Medical Centre
Tel: 01509 222061 Web: www.lborounimedicalcentre.co.uk

Thank you for applying to join the University Medical Centre.

Please bring your **Student ID Card** with your registration form or other photographic ID to confirm your registration.

Complete *both* sides of the form in **CAPITAL LETTERS** and tick the appropriate boxes. Please ensure you **SIGN** and **DATE** your form.

Student ID No:

Department:

Have you previously been registered with **THIS** Medical Centre? Yes No

Gender: Male Female

Title: Mr Mrs Miss Ms Other (please specify)

First Name(s): (as it appears on your passport inc. middle names)

Surname(s):

Date of Birth: dd/mm/yyyy ____ / ____ / ____

Town & Country of BIRTH:

Loughborough Address:

Postcode:

Mobile No:

Email:

By supplying your contact details, we will assume you are happy to receive information from the Practice via these methods. We will NOT use it for marketing purposes. You can opt at any time by contacting the Practice.

Previous Home Address in the UK:

Postcode:

Name & Address of GP whilst at previous UK address:

NHS Number: (if known)

***INTERNATIONAL STUDENTS ONLY**

Date of entry into the UK: dd/mm/yyyy ____ / ____ / ____

Will you be in the UK for less than 6 months? Yes No

Summary Care Record:

This is an electronic health record that can be accessed by another health professional if you need urgent treatment.

- Yes, I would like a Summary Care Record
 No, I do not want a Summary Care Record

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

Accessing Information:

Do you have any specific communication needs i.e. braille, audio tape, large print, etc.?

Yes No

If Yes, please specify: _____

Meningitis ACWY Vaccinations:

Students aged between 18– 24yrs and starting university are strongly recommended to have a booster Men ACWY vaccination if you didn't receive one in school. See the attached leaflet with more information regarding this and choose the option that applies to you below.

- Yes, I would like a booster Men ACWY vaccination
 No, I do not want a booster Men ACWY vaccination
 I already had a Meningitis ACWY on date: ____ / ____ / ____

If you have ticked that you would like a booster vaccination, we will contact you nearer the time of our Meningitis ACWY

Ethnicity:

- White:** White Mixed White European Other
Black: Caribbean African Other
Asian: Indian Pakistani Chinese Other Asian
Mixed: White & Black Caribbean White & Asian
 White & Black African Other Mixed
Mid Eastern: Arab Israeli Iranian Other
Other: (please specify) _____

YOUR FULL IMMUNISATION HISTORY

Please ensure you have this to hand when you register at the Medical Centre.

This will avoid delays in you receiving any treatment i.e. for travel/routine immunisations, etc.

Application to register with the University Medical Centre (please complete):

Signed: _____

Date: DD / MM / YYYY

Please complete the following Health Questionnaire

Name:

Date of Birth: (dd/mm/yyyy)

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Alcohol Awareness Audit <i>please circle around the appropriate answer</i>	0	1	2	3	4	Office Use
How often do you have a drink that contains alcohol?	Never	Monthly	2-4 times a month	2-3 times per week	4+ times per week	Audit C Total <input type="text"/>
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost Daily	Full Audit Score inc. Audit C <input type="text"/>
How often in the last year have you found you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost Daily	
How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost Daily	
How often in the last year have you needed an alcoholic drink in the morning to get you going?	Never	Less than monthly	Monthly	Weekly	Daily or almost Daily	
How often in the last year have you had a feeling of guilt or regret after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost Daily	
How often in the last year have you not been able to remember what happened when drinking the night before?	Never	Less than monthly	Monthly	Weekly	Daily or almost Daily	
Have you or someone else been injured as a result of your drinking?	No	<input type="text"/>	Yes, but not in the last year	<input type="text"/>	Yes, during the last year	
Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down?	No	<input type="text"/>	Yes, but not in the last year	<input type="text"/>	Yes, during the last year	

MEDICAL HISTORY: Please state any significant illness i.e. Asthma, Diabetes, etc., Past or Present, and are receiving treatment for. (inc. date of diagnosis).

ALLERGIES: Please inform us of any allergies inc. reactions to Medication.

**If you require medication/treatment for a medical condition, please notify the Medical Centre immediately to ensure continuity of care*

Family History (in a parent under 60yrs or a sibling): Please circle Yes or No.

If Yes, please state which family member has the condition

High Blood Pressure	Yes / No	Family Member(s):
Stroke	Yes / No	Family Member(s):
Heart Disease	Yes / No	Family Member(s):
Diabetes	Yes / No	Family Member(s):

Smoking Status (Please tick):

Never Smoked Tobacco	<input type="checkbox"/>
Ex-Smoker	<input type="checkbox"/>
Current Smoker	<input type="checkbox"/>

CARERS: Are you a carer for someone with a disability or physical or mental need? No / Yes
If Yes, Who? _____

BLOOD/ORGAN DONATION: If you would like to register for NHS Organ and/or Blood Donation, visit www.nhs.uk/livewell/donation/Pages/Donationhome.aspx

GENERAL PRACTICE INFORMATION

We have a range of services available including full sexual health screening, contraception advice and fittings of coil/hormone implants, minor surgery, travel advice and vaccinations, etc.

Pre-bookable appointments with our GP's and Nurse's can be booked up to four weeks in advance as well as a Nurse-led minor illness/injury clinic available on the day.

Online Patient Access allows patients to book/cancel appointments, order repeat prescriptions, change your contact details and even view your medical records online. Please ask at reception for log-in details.

Further information on all our services is available in our Practice Leaflet and our website www.lborounimedicalcentre.co.uk