



# REGISTRATION FORM

## Leeds Student Medical Practice



At Leeds Student Medical Practice we specialise in student healthcare.

We are:

- Experts in dealing with all the health issues you might encounter, for example: contraception and sexual health, mental health, travel, sports injuries.
- Located very near to all major Leeds educational institutes.



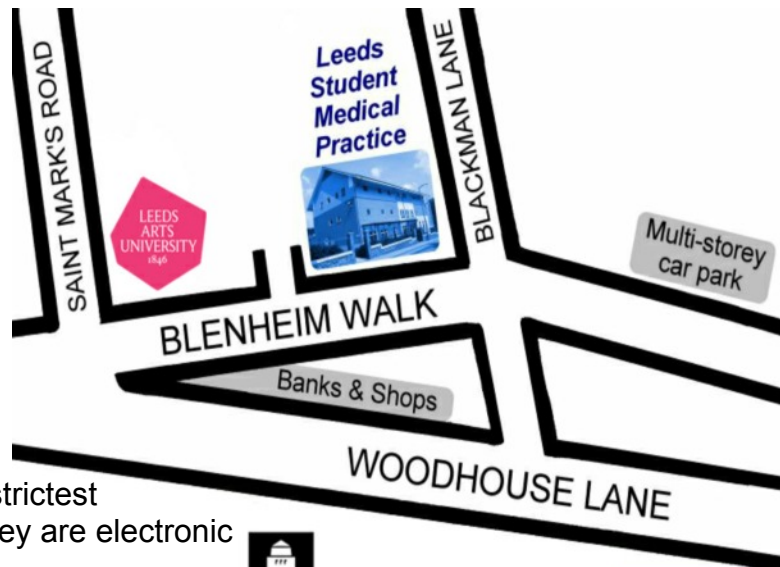
We have:

- Strong links with all the educational institutions in the city.
- 'Booked' and 'same day' (i.e. on the day) appointments are available at the surgery.

**Can you register?** (Join the practice). To register at Leeds Student Medical Practice: You must be a student (or partner / child of a student living at the same address) at a university / college / educational facility AND live in: university accommodation in Leeds or private accommodation in the following post code areas: LS1 to LS7, LS16 South of the Ring Road, Marsh Lane and Regent Street areas of LS9 and LS10.

### HOW TO REGISTER AT LEEDS STUDENT MEDICAL PRACTICE

You can now register online by scanning the QR code below or just go to our website and the 'New Patients' page or you can complete the attached FORM 1 and FORM 2 ensuring all relevant sections are filled. Please return the completed registration form to the Leeds Student Medical Practice.



We hold your patient records in the strictest confidence, regardless of whether they are electronic or on paper.

Any information that may identify you is only shared with the practice team, or, if you are referred to hospital, to the clinician who will be treating you.

We ask a variety of questions in order to establish our patient's needs, provide inclusive services and meet our obligations under the Equality Act 2010.

Therefore, answering as many questions as possible will help us to deliver the most appropriate and effective care for you. If you have any questions, please speak to a member of staff.



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# LEEDS STUDENT MEDICAL PRACTICE FORM 1

## GMS1 MEDICAL REGISTRATION FORM

Please complete all forms in CAPITAL LETTERS

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1. Have you ever registered with this practice before?  No  Yes

2. Family name (Surname):

3a. First name: Middle name/s:

3b. If you have been known by another name whilst in the UK please enter it here to help us find your medical records:

4. Date of birth, Day: DD Month: MM Year: YYYY

5. Age (in years):

6. NHS Number (if known):

7. Gender :  Male  Female Please select a gender as we need this to find your previous medical records

8. Marital Status:  Single  Married  Prefer not to say

Address in Leeds (see Information page 1 for details of the practice's registration area)

9. Room or flat number:

10. Name of flats or building:

11. House number & Street name:

12. Postcode: Town: Leeds County: West Yorkshire

13. UK Mobile Telephone\*:

14. House telephone: (0113)

15. Email address :

\*We will use your mobile telephone number to contact you for matters relating to your health care. In addition we will use it to send SMS text messages to you to confirm we have registered you, and, in future, to send you automatic appointment reminders before any booked appointments and for occasional information about important healthcare issues. We will NOT use any of your contact details for marketing. We will not disclose your contact details to any other organisation without your permission. If you do not want us to use your mobile telephone number to contact you for SMS text messages please tick this box,  I do not want to receive SMS text messages relating to my healthcare or appointments from Leeds Student Medical Practice.

### UNITED KINGDOM ORIGIN

Most recent residential address recorded at your previous doctor/health centre

16. House number & street name:

17. Town:

18. Post code (Important!):

19. Town of birth:

20. Name of your current NHS Doctor/Medical Practice:

21. **IF the address when you were registered with that doctor is different to the address in question 16. Write it here,**

### INTERNATIONAL ORIGIN

Details before you came to Leeds

16. Country of birth:

17. Date of entry into the UK: DD / MM / YYYY

18. How many months will you stay in the UK?

**IF you have ever registered with an NHS Doctor in the UK, you must answer questions 19 to 21.**

19. Name of the most recent NHS Doctor or Medical Practice in the UK?

20. Address you were living at when you were Registered with that doctor?

Postcode:

YOUR SIGNATURE:

DATE: DD / MM / YYYY

Office use only

ID Checked by: \_\_\_\_\_ Type of ID: \_\_\_\_\_

Please continue to next page...

**22. Specify your place of study:**

My University or College name is,

My course title or department is,

Or I am not a student

I am the **partner**  or **child**  of a registered student and live at the same address as this person.

Please state the name of the registered student living at the same address:

Internal use only  
Please state  
EMIS ID of Partner/Parent:

**23. What is your religion / belief:**

- Buddhist     Christian     Hindu     Humanist     Jewish     Muslim     Sikh
- Agnostic     Atheist - no religion     Prefer not to say     Other please state,

**24. What is your ethnicity:**

- |   |                                      |  |  |                                  |
|---|--------------------------------------|--|--|----------------------------------|
| <b>White</b>                                | <b>Asian</b>                         | <b>Mixed</b>                                     | <b>Black</b>                             | <b>Chinese</b>                   |
| <input type="checkbox"/> British            | <input type="checkbox"/> Indian      | <input type="checkbox"/> White & Black Caribbean | <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Irish              | <input type="checkbox"/> Pakistani   | <input type="checkbox"/> White & Black African   | <input type="checkbox"/> Black African   |                                  |
| <input type="checkbox"/> Other              | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> White & Asian           | <input type="checkbox"/> Black Other     |                                  |
|   | <input type="checkbox"/> Other       | <input type="checkbox"/> Other Mixed             |  |                                  |
| <input type="checkbox"/> Other ethnic group |                                      | <input type="checkbox"/> Prefer not to say       |  |                                  |

**25. What is your main spoken language, please specify :** \_\_\_\_\_

Do you require an interpreter ?     Yes     No     Prefer not to say

**26a. Which of the following best describes you?**

- Man (including trans men)                       Woman (including trans women)
- Non-binary     Other (Please state)                       Prefer not to say

**26b. Is your gender the same as you were assigned at birth?**

- Yes     No

**27. Which of the following best describes how you think of yourself?**

- Heterosexual/Straight                       Gay/Lesbian                       Bisexual
- Other     Prefer not to say

**28. Patient Participation Group**

Leeds Student Medical Practice has a Patient Participation Group where patients can give their views and feedback on the services provided by Leeds Student Medical Practice and suggest improvements. If you would be happy to be contacted by phone, text or email regarding the patient participation group please tick here

**29. Accessible Information Standards & Disabilities**

Please tell us if you have or have had any disabilities and the year when diagnosed.

Disabilities	Year

Do you have any communication needs relating to your disability/disabilities?  
 Yes     No

If you answered Yes, we will send you a further questionnaire to assess your needs in detail, please specify how you would like to receive this questionnaire?  
 By email     By Post     In person at reception

**30. Carer Information**

Are you a carer (someone who is looking after a family member, partner or friend who needs help because of illness, frailty or disability)?

- I am a full time carer
- I am a part time carer (includes caring responsibilities during university vacation)
- I am not a carer

Please provide as much information as possible. This will improve the care we provide for you

**FORM 2**

Internal use  
Received & validated by:

Use this page to tell us about existing medical conditions or problems and medication.  
For significant problems we will need to contact your hospital consultant and/or previous GP to confirm treatments/medications before we can prescribe them for you.

**1. YOUR NAME:**

**2. SERIOUS ILLNESS OR OPERATIONS** Please tell us if you have or have had any serious illness, operations or Disabilities. For each item please tell us the year the event happened or when the problem started (E.g. Mental Health Problems, Inflammatory Bowel Disease, Asthma, Diabetes, Arthritis, Epilepsy, Cancer, Transplant)

Serious illness or operations	Year

We will need to contact your hospital Consultant and/or previous GP to confirm treatments/medications before we can prescribe them for you. This is so we can make sure the correct medication information is entered into your Electronic Health Record for repeat prescription requests

Please provide hospital name and address and name of Consultant you normally see, or if you only see a GP, previous GP name and surgery address:

If under care of Consultant, approximate date you last saw them for the condition you ticked: d \_\_\_ m \_\_\_ y \_\_\_

I agree that Leeds Student Medical Practice can contact the hospital and/or GP to ask them to confirm my current medical problems and treatment/repeat medication requirements

**YOUR SIGNATURE:** \_\_\_\_\_ **DATE:** d \_\_\_ m \_\_\_ y \_\_\_

**3. INFLUENZA VACCINATION** - The practice recommends that patients with certain serious illnesses and their carers are given an Influenza vaccination every year. Please speak to reception if you or your carer would like to have an Influenza vaccination. If you do not wish to have an Influenza vaccination please tick the box below

Opt out of receiving a Influenza vaccination

SCANNED	VIEWED BY DR
CODED	FILE

**4. ALLERGIES OR REACTIONS** - Give details if you have had an allergic reaction to: eggs, medicines, vaccinations, medical dressings, or foods

**5. MEDICINES** - Please attach a copy of your repeat prescription order slip to this page. If you cannot do this give names, strength and dose of medicine you take regularly including tablets, creams, inhalers, contraception (provide name of contraceptive)  
Please write the name (e.g. Azathioprine) the dose and frequency (e.g. 150 mg once a day) and the related problem (e.g. Ulcerative Colitis) for each item

Medication name	Dose and Frequency	Problem

It is very important you bring original medicine packs to your first consultation with us

Please provide as much lifestyle information as possible. This will improve the care we provide for you

**6. EMERGENCY CONTACT DETAILS:** Who do you want us to contact if there is a medical emergency?

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**7. HEIGHT:** in: cm metres feet & inches **8. WEIGHT:** in: kg stones & pounds pounds

**9. SMOKING STATUS**

I have never smoked,  
or  
 I am a current smoker,  
and smoke:

- A.  less than 1 per day  
B.  1 to 9 per day  
C.  10 to 19 per day  
D.  20 to 39 per day  
E.  more than 40 per day

I am an ex-smoker

Stopped when? \_\_\_\_\_

Office use:  
Cessation advice

**10. EXERCISE** - In an average week how often do you take exercise which leaves you mildly out of breath, and makes you perspire slightly?

- A.  No regular exercise  
B.  Less than 1 hour of physical exercise each week  
C.  More than 1 hour but less than 3 hours of physical exercise each week  
D.  More than 3 hours of physical exercise each week

**GUIDE TO**

**ALCOHOL UNITS**  
for questions 11 & 12






Pint of beer / lager  
/ cider = 2 units

Alcopop or can of  
beer = 1.5 units

Glass of wine  
(175mls) = 2 units

Single measure of  
spirits = 1 unit

Bottle of wine  
= 9 units

<b>11. ALCOHOL</b>						<b>Your score</b>
1) How often do you have a drink that contains alcohol?	Never (score 0)	Monthly or less (score 1)	2 to 4 times per month (score 2)	2 to 3 times per week (score 3)	4+ times per week (score 4)	
If you answered <b>Never</b> (score 0) you do not need to answer the remaining alcohol questions, go to question 13 now						
2) How many UNITS of alcohol do you drink on an average day when you are drinking?	1 to 2 (score 0)	3 to 4 (score 1)	5 to 6 (score 2)	7 to 8 (score 3)	9+ (score 4)	
3) 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?	Never (score 0)	Less than monthly (score 1)	Monthly (score 2)	Weekly (score 3)	Almost daily (score 4)	
4) How often in the past year have you found you could not stop drinking once you had started?	Never (score 0)	Less than monthly (score 1)	Monthly (score 2)	Weekly (score 3)	Almost daily (score 4)	
5) How often in the past year have you failed to do what was expected of you because of alcohol?	Never (score 0)	Less than monthly (score 1)	Monthly (score 2)	Weekly (score 3)	Almost daily (score 4)	
6) How often in the past year have you needed an alcoholic drink in the morning to get you going?	Never (score 0)	Less than monthly (score 1)	Monthly (score 2)	Weekly (score 3)	Almost daily (score 4)	
7) How often in the past year have you had a feeling of guilt or regret after drinking?	Never (score 0)	Less than monthly (score 1)	Monthly (score 2)	Weekly (score 3)	Almost daily (score 4)	
8) How often in the past year have you not been able to remember what happened when drinking the night before?	Never (score 0)	Less than monthly (score 1)	Monthly (score 2)	Weekly (score 3)	Almost daily (score 4)	
9) Have you or someone you know been injured as a result of <u>your</u> drinking?	No (score 0)	-	Yes but not in the last year (score 2)	-	Yes during the last year (score 4)	
10) Has a relative / friend / doctor / health worker been concerned about your drinking or advised you to reduce?	No (score 0)	0	Yes but not in the last year (score 2)	-	Yes during the last year (score 4)	
<i>Alcohol questionnaire adapted from World Health Organisation collaborative study developed by the University of Sydney, Australia</i>						<b>Please write your total score here:</b>

Score 0 to 7 = sensible drinking, generally considered safe unless pregnant or all units consumed in one session.

Score 8 to 15 = hazardous drinking, increased risk of liver disease, cancer, memory loss

Score 16 to 19 = harmful drinking

Score 20+ = possible dependence on alcohol, please make an appointment with your GP

Further information can be found in the ALCOHOL section of our website.

Office use:  
AIG



**12. ALCOHOL CONSUMPTION IN UNITS** Use the GUIDE TO ALCOHOL UNITS above to work out your weekly units  
In an average week how many units of alcohol do you drink? (Write 0 if you do not drink)

**13. SUMMARY CARE RECORD (SCR) & LEEDS CARE RECORD (LCR)****(Page 5 of 7)**

The NHS in England has introduced the National Summary Care Record, and Leeds has introduced a Local Leeds Care Record.

The record will contain information about your health. This will ensure those caring for you have enough information to treat you safely.

Both records are kept securely on computers separate from the medical record Leeds Student Medical Practice will keep for you.

Both records are created for you by default unless you choose to opt out.

	<b>Summary Care Record</b>	<b>Leeds Care Record</b>
<b>Who will be able to see and use my personal data?</b>	<b>Authorised NHS staff working in hospitals, emergency or out of hours care when you attend. They will ask your permission before they look at it.</b>	<b>Authorised NHS staff directly involved in your care in Leeds</b>
<b>What data will be shared?</b>	<b>Name, address and telephone number, allergies, adverse (bad) reactions to medications you are taking</b>	<b>Name, address and telephone number, diagnosis list, medications, allergies, test requests, letters and discharge information</b>
<b>How can I opt out?</b>	<b>Tick the box below</b>	<b>We cannot opt you out. You must telephone 0113 206 4102 to opt out.</b>
<b>Where can I read more about this?</b>	<b>See Summary Care Record on our website</b>	<b><a href="http://www.leedscarerecord.org">www.leedscarerecord.org</a></b>

For more information about NHS sharing you can talk to the Patient Advice and Liaison Service (PALS) on 0800 0525 270 or [EMBED.PALS@nhs.net](mailto:EMBED.PALS@nhs.net)

You can choose not to have a Summary Care Record or Leeds Care record and you can change your mind at any time.

If you do nothing we will assume that you are happy with these changes and create a Summary Care Record for you and a Leeds Care Record.

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.

**I have read the information regarding SCR and wish to Opt-Out and not to have a Shared Care Record**

**SUPPLEMENTARY QUESTIONS A**

**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:	
Print name:		Relationship to patient:	
On behalf of:			



**SUPPLEMENTARY QUESTIONS B**

**Complete this section if you live in another EEA 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 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>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.</p>	Country Code: 		
	3: Name		
	4: Given Names		
	5: Date of Birth		
	6: Personal Identification Number		
	7: Identification number of the institution		
8: Identification number of the card			
9: Expiry Date			
PRC validity period A) From:		B) To:	

Please tick  if you have an S1 (e.g. you retiring to the UK or you have been posted here by your employer from 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 The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.**

**YOUR SIGNATURE:** \_\_\_\_\_ **DATE:** d \_\_\_\_\_ m \_\_\_\_\_ y \_\_\_\_\_