

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 the University of Leeds.

We have:

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



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** just go to our website 'New Patients' page
or

Complete the attached **FORM 1** and **FORM 2** ensuring all relevant sections are filled

RETURN THE REGISTRATION FORM TO LEEDS STUDENT MEDICAL PRACTICE

Meningitis Vaccination

Have you had a Meningitis ACWY vaccination??

Any student up to the age of 25 who is starting university or has started university for the first time since August 2015, is eligible for the meningitis ACWY vaccine as part of the new students vaccination programme.

If you have not had the meningitis ACWY vaccine prior to attending university, please contact us.

Gender

Unfortunately the national medical record service requires us to submit a male or female gender with no option for any alternative. This is beyond our control and we are hoping this will change.

We realise that some people may wish to choose an alternative to these options.

Please select the gender that will have been assigned to your previous medical records so that we can find your old records. You can then let us know how you would prefer to be known when you attend the practice.

Thank you.



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DID YOU KNOW THAT YOU CAN REGISTER ONLINE NOW AND DELAY ACTIVATION UNTIL YOU ARRIVE IN LEEDS?

www.leedsstudentmedicalpractice.co.uk/join/



CHLAMYDIA - We recommend Chlamydia testing if you are aged between 15 and 24, male or female, have ever been sexually active and have never had a Chlamydia test before. We also recommend a repeat test every time you change your sexual partner. If you don't have any symptoms there is no need to see a doctor or nurse, simply collect a free self-test kit with full instructions from our Reception desk. The test now also tests for gonorrhoea.

SMOKING - If you are a non-smoker when you arrive in Leeds we strongly encourage you to remain a non-smoker. This will benefit your general health and fitness, help your heart and lungs stay healthy, and keep more money in your pocket! If you are a current smoker and would like help to reduce or stop smoking, you can get help and guidance from Leeds NHS Stop Smoking Service, tel: 0800 169 4219, text 'SMOKEFREE' to 60066 (charges may apply), email: stopsmokingleeds@nhs.net

SUMMARY CARE RECORD (SCR) and LEEDS CARE RECORD (LCR)

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.

| | Summary Care Record | Leeds Care Record |
|---|---|--|
| Who will be able to see and use my personal data? | 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 | Authorised NHS staff directly involved in your care in Leeds |
| What data will be shared? | Name, Address and Telephone Number, Allergies, adverse (bad) reactions to medications and medication you are taking | Name, Address and Telephone Number, Diagnosis List, Medications, Allergies, Test Requests, Letters - referrals, clinic letters and discharge information |
| How can I opt out? | Tick the box in section 13 of Form 2 | We cannot opt you out. You must telephone 0113 2064102 to opt out. |
| Where can I read more about this? | See Summary Care Record on our website | www.leedscarerecord.org |

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

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.

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LEEDS STUDENT MEDICAL PRACTICE FORM 1 06/2018

Internal use only:

Face to Face Postal

Date received:

GMS1 MEDICAL REGISTRATION FORM

Please complete all forms in UPPER CASE

1. Have you ever registered with this practice before? No Yes2. Male Female

Please select a gender as we need this to find your old medical records

3. Family name (surname):

4. First name:

Middle name(s):

5. Date of birth: day: month: year:

6. Age (in years):

7. NHS number (if known):

If you have ever been known by another name whilst living in the UK please enter it here to help us find your medical records

Previous Family name (surname):

Previous First name:

8a. Marital Status: Single Married**Address in Leeds** (see page 1 for details of the Practice's registration area)

9. Room or flat number:

10. Name of flats or building:

11. House number and street name:

12. Postcode:

Town: Leeds County: West Yorkshire

13. 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 check 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 - home address details before you came to Leeds

16. House number & street name:

17. Town:

18. POSTCODE (important!):

19. Town of birth:

20. Name of your current NHS doctor or medical practice:

21. If the address when you were registered with that doctor is different to the address at 16 above, write it here:

INTERNATIONAL ORIGIN - details before you came to Leeds

16. Country of birth:

17. Date of entry into the UK: d _____ m _____ y _____

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 most recent NHS doctor or name of medical practice in the UK:

20. The address you were living in when you were registered with that doctor

House number & street nameTown21. Postcode (for address at 20):**NOW PLEASE TURN OVER AND COMPLETE THE OTHER SIDE**

22. Specify your place of study:

My University or College name is:

And 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
23. EthnicityWhite White British White Irish White other Other ethnic groupAsian Asian Indian Asian Pakistani Asian Bangladeshi Asian otherMixed White & black Caribbean White & black African White & Asian Other mixed Decline to sayBlack Black Caribbean Black African Black otherChinese Chinese**24. Main Spoken Language:****25. 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

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

| Disabilities | Year |
|--------------|------|
| | |
| | |
| | |

27. Accessible information Standards:Do you have any communication needs? YES

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 the questionnaire:

 by email by post in person at reception

YOUR SIGNATURE: _____ DATE: d _____ m _____ y _____

Office use only

ID Checked by

Type of ID

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 are given an Influenza vaccination every year. Please speak to reception if you 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

| 11. ALCOHOL |  |  |  |  |  | Your score |
|--|---|---|---|---|---|--|
| 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 Never (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> | | | | | | Please write your total score here: |

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: I have read the information regarding SCR on page 2 and wish to opt-out (not to have an SCR)

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.

| | | | |
|----------------------|--|--------------------------|--|
| 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: NO: | 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? Be 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 _____