Thank you for applying to join the Loughborough University Medical Centre (LUMC).

Please bring your Student ID Cardwith your registration form or other photographic ID to confirm your registration.

**Complete *all* of the form in** **CAPITAL LETTERS. Failure to complete correctly may result in a delay**

**Student ID No: Subject/Department of Course:**

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

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| **NHS No. ­­­­ / / \_ \_ \_\_\_ \_\_\_** [**Click here for info on what is an NHS number?**](https://www.nhs.uk/using-the-nhs/about-the-nhs/what-is-an-nhs-number/) |
| **Title:** [ ] Mr [ ] Mrs [ ] Miss [ ] Ms [ ] Other (specify) |
| **Forename(s):** (as appears on passport) |
| **Surname(s):**  (as appears on passport) |
| **Date of Birth (dd/mm/yyyy): ­­­­ / / \_\_ \_\_\_ \_\_\_ \_\_\_** | **Gender:** [ ]  Male [ ] Female [ ] Unspecified |
| **Town and Country of birth:** |
| **University Halls or Loughborough Address and Postcode:** |
| **UK Mobile No.:** Preferred Contact Number? [ ] Yes [ ] No | **Home Telephone No.:** Preferred Contact Number? [ ] Yes [ ] No |
| **Email address:** |
| By supplying your contact details, we will assume you are happy to receive information from the Practice such as appointment reminders via these methods. You can opt out at any time. |

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| ***PLEASE HELP US TRACE YOUR PREVIOUS MEDICAL RECORDS BY PROVIDING US WITH THE FOLLOWING INFORMATION:*** |
| **Your full previous address in the UK:** |
| **Name and Address of previous doctor whilst at that address:** |
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| ***IF YOU ARE FROM ABROAD:*** |
| **Date you first came to live in UK:** **­­­­ / / \_\_ \_\_ \_\_ \_\_** | **If previously resident in UK, date of leaving: ­­­­** **/ / \_\_ \_\_ \_\_ \_\_** |
| **Your first UK address where registered with a GP:** |

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| Please tick if you would like to receive our quarterly newsletter [ ]  Please tick if you would like to register for online access (i.e. book appts, order repeat meds, etc.) [ ]  Please tick for information on how to join our Patient Participation Group [ ]  |

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| **Signed:** |  | **Date: (dd/mm/yyyy): ­­­­\_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_** |

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| **DO YOU CURRENTLY SUFFER FROM A SIGNIFICANT MEDICAL CONDITION?**  [ ]  **Yes** [ ]  **No**If you currently suffer from a significant medical which may require regular monitoring and/or treatment, please notify the Medical Centre as soon as possible to ensure continuity of care.Please bring with you to your first Doctor’s appointment your current medication list and/or a patient summary from your previous GP. This will prevent any delays in your treatment.*Please note we cannot register patients on anticoagulants such as warfarin but you can register elsewhere in Loughborough.* |

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| **SMOKING STATUS:**(please tick) |
| Never Smoked [ ]   |
| Ex-Smoker [ ]   |
| Current Smoker [ ]   |

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| **ALCOHOL AWARENESS AUDIT** *Please tick against the appropriate answer* | **0** | **1** | **2** | **3** | **4** | **Office Use** |
| How often do you have a drink containing alcohol? | [ ]  **Never** | [ ]  **Monthly or less** | [ ]  **2 - 4 times****Per month** | [ ]  **2 - 4 times per week** | [ ]  **4+ times per week** | **Audit C Total**  |
| How many units of alcohol do you drink on a typical day when you are drinking? |  [ ]  **1 - 2** | [ ]  **3 – 4** | [ ]  **5 – 6** | [ ]  **7 – 9** | [ ]  **10+** |
| 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** | [ ]  **Less than monthly** | [ ]  **Monthly** | [ ]  **Weekly** | [ ]  **Daily or almost daily** |
| 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** | **Full Audit Score inc.****Audit C Total** |
| 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** |  | [ ]  **Yes, but not in the last year** |  | [ ]  **Yes, during the last year** |
| Has a relative/friend/doctor/health worker been concerned about your drinking/advised you to cut down? | [ ]  **No** |  | [ ]  **Yes, but not in the last year** |  | [ ]  **Yes, during the last year** |

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| **Carers Information:**Are you the primary carer for someone with a disability, physical or mental need?  | [ ]  Yes[ ]  No | If yes, please specify who: |
| **The Accessible Information Standard:**Do you have any specific communication needs i.e. braille, large print, etc. | [ ]  Yes[ ]  No | If yes, please specify below:  |
| **Do you have any disabilities, illnesses or accessibility needs?** | [ ]  Yes[ ]  No | If yes, how can we support your needs? |

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| **MENINGITIS ACWY IMMUNISATION**NHS England strongly recommends anyone who is **starting University** aged **18-24yrs** have an ACWY booster if you haven’t already done so.[ ] **Yes, I would like a booster.** (We’ll contact you when our clinics are on)[ ] **No, I would not like a booster.**[ ] **I have already had an ACWY booster on (date):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | ***YOUR 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 for travel/routine immunisations. |

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| **ALLERGIES** |
| Are you allergic to any ***medicines?*** | [ ]  Yes [ ]  No(If yes, specify to the right) |  |
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| Do you have other allergies i.e. nuts, gluten, peanuts, certain foods, etc.? | [ ]  Yes [ ]  No(If yes, specify to the right) |  |
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| **What is your ethnicity? (please tick the appropriate box)** |
| ***White*** | British [ ]   | European [ ]   | Mixed White [ ]   | Other White [ ]   |
| ***Black*** | African [ ]   | Caribbean [ ]   | Mixed Black [ ]   | Other Black [ ]   |
| ***Asian*** | Chinese [ ]   | Indian [ ]   | Pakistani [ ]   | Other Asian [ ]   |
| ***Midl East*** | Arab [ ]   | Israeli [ ]   | Iranian [ ]   | Other Midl East [ ]   |
| ***Mixed*** | White & Asian [ ]   | White & African [ ]   | White & Caribbean [ ]   | Other Mixed [ ]   |

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| **Summary Care Record (SCR)**Your SCR is an electronic summary of key medical information taken from your GP medical record that can be accessed if you need urgent care away from your GP surgery to help give you better and quicker care. For more info,visit: [www.nhscarerecords.nhs.uk](http://www.nhscarerecords.nhs.uk)[ ]  **Yes, Express consent for meds, allergies and adverse reactions only.**[ ]  **Yes, Express consent for meds, allergies and adverse reactions AND additional information.**[ ]  **No,** **I do NOT want a Summary Care Record** | **Enhanced Data Sharing Module (EDSM)**We use a clinical computer system called SystmOne to record your medical information. With your consent, you can allow your full GP record to be shared with other healthcare services that are providing care for you and who also use SystmOne. These other services will always ask consent to view your record.For more info, please visit our website [www.lborounimedicalcentre.co.uk](http://www.lborounimedicalcentre.co.uk) **Please note you will be opted IN to the Enhanced Data Sharing Module unless you notify the practice that you wish to opt out.** **You will be opted out automatically if you ticked no to having a summary care record.** |
| **Risk Stratification Preferences**Risk stratification is the process of identifying the relative **risk** of patients in a population by analysing their medical history. It's a key enabler for improving the quality of care delivered by the NHS. LUMC is taking part in the Risk Stratification programme and will be uploading patient identifiable data for analysis. Patient identifiable information will only be viewable at GP practice level. Any NHS organisation external to the practice using risk stratification will only see anonymised data. You have already been opted in to this service however, you can:[ ]  **Tick this box if you wish to opt-out of the Risk Stratification programme** |

**Data Sharing**

**Other Information**

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| **PATIENTS CURRENTLY UNDER CARE OF A CONSULTANT**If you are being treated for a current condition by your consultant at a hospital whether via NHS or privately, please ensure you have your clinic letters sent to us before your first visit to see the GP. If you are being prescribed controlled medication via your consultant that requires monitoring, the practice will require a copy of the shared care agreement form that is usually sent to GP’s from your consultant. This should also be sent to us prior to your first visit so that we can continue to prescribe your medication here. Without this, we will be unable to prescribe certain medications for you and it may cause delays in treatment and continuity of care. |
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| **ACCESSING INFORMATION****Website:** visit [www.lborounimedicalcentre.co.uk](http://www.lborounimedicalcentre.co.uk) for more information on how to access care and services at the medical centre, what to do when we are closed and other health/practice related information.**Facebook:** follow us on [www.facebook.com/LoughboroughUniversityMedicalCentre/](https://www.facebook.com/LoughboroughUniversityMedicalCentre/)for practice & university updates and events. |

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| **THANK YOU FOR REGISTERING WITH THE UNIVERSITY MEDICAL CENTRE**You should be added to our practice register within 10 working days. Once you have registered, you will receive a text message confirming your registration. Any relevant information based on your completed registration form will also be sent to you after this.If you do not receive a text within 4 weeks of handing in your form, please contact the Medical Centre. |

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| **SUBMITTING YOUR FORM***Please double check your form before submitting to ensure we can register you promptly.*Once completed, you can send your form to us via post or email:**Postal address:** Dr Vaghela & Dr Gill, Loughborough University, Ashby Road, Loughborough, Leics, LE11 3TU**Email address:** **lborouni.medcentre@nhs.net***(Email is the fastest method to get your registration submitted but please note sending information via email is not 100% secure).*Alternatively, please hand in your form to the Medical Centre reception **on the day of your arrival.** |