

Appendix 2 – Adult Medical Summary form

STRICTLY CONFIDENTIAL TO THE UNIVERSITY MEDICAL GROUP ADULT MEDICAL SUMMARY FORM

Please fill this form accurately, as the information which you provide becomes part of your medical record

1. Family name (last name)		2. First name	
3. Date of birth	d m y	4. Are you a carer?	
5. Sex assigned at birth		6. Gender you identify as	

7. Which of the following options best describes you?	<input type="checkbox"/> Heterosexual/Straight <input type="checkbox"/> Lesbian/Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Other..... <input type="checkbox"/> I prefer not to say
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8. Are you a student at the University of Reading?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state course end date (month and year)
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9. Whether you are student or not, are you intending to leave Reading in less than 3 years	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state anticipated leave date: (month and year)
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10. Have you been immunised against Meningitis C	<input type="checkbox"/> Yes <input type="checkbox"/> No Year
11. Have you had TWO immunisations of MMR (protection against Measles Mumps and Rubella)	<input type="checkbox"/> Yes Year of 1 st dose <input type="checkbox"/> No Year of 2 nd dose
12. Have you or members of your household been subject to a safeguarding plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Have you lived abroad in the last 5 years, if so where?	<input type="checkbox"/> Yes <input type="checkbox"/> No Where?

14. All patients with a Cervix – Cervical smear information (Papanicolaou test)
<input type="checkbox"/> Never had a cervical smear Last smear was m y Result: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal