

HOW TO REGISTER WITH Leeds Student Medical Practice



① IF YOU WANT TO REGISTER WITH US:

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Can you answer YES to this question?

Are you a student (or partner or child of a student) at the University of Leeds, or a higher education student at another college, university or educational facility?

AND can you answer YES to this question?

Do you / will you live in: University accommodation in Leeds OR private accommodation in postal areas LS1 to LS7, LS16 South of the Ring Road, Marsh Lane and Regent Street areas LS9, LS10 up to M1 junction at Hunslet Road and Dewsbury Road?

② IF YES TO BOTH COMPLETE FORM 1 (Registration Details)

- Enter as much detail as possible into fields 1 to 22
- You must sign and date the form in field 23

③ THEN COMPLETE FORM 2 (Medical history and lifestyle)

- Enter as much detail as possible into fields 1 to 14

④ CHECK YOUR FORMS TO MAKE SURE YOU HAVEN'T MISSED ANY IMPORTANT DETAILS, THEN RETURN FORMS 1 & 2 USING ONE OF THESE METHODS:

- This year our building is open for registrations 10:00 - 16:00 **Saturday 21** and **Sunday 22** September
- You can return your forms to us in **Parkinson Court** (09:00 - 17:00 23 to 27 September), **The Arnold & Marjorie Ziff Building** (or 09:00 - 17:00 16 to 20 September), or to our **Reception** any Monday to Friday during opening hours (07:00 - 18:00 Monday, Tuesday, Friday, 08:30 - 18:00 Wednesday, Thursday)
- You can return your forms using the envelope supplied, or with an envelope marked '**FREEPOST Leeds Student Medical**'. No stamp is required on the envelope

⑤ COMPLETED STEPS 1 TO 4?

Thank you. When we receive your completed registration forms we will enter your details onto our computer system, and for patients that have previously registered with a doctor in the UK arrange for transfer of your medical records to us. **Your final tasks are to read the information contained in items ⑥ ⑦ and ⑧**

...instructions... ..instructions... ..instructions...

Complete steps ① to ③ as soon as you can then return forms 1 and 2 to us - see ④

⑥ CHECK YOUR MENINGITIS AND MUMPS STATUS

MENINGITIS - It is important that you check with your current doctor to see if you have had a meningitis vaccination. For maximum protection we recommend that you receive immunisation against Meningitis C before you start your studies in Leeds. Your current doctor will be able to arrange this for you

The meningitis vaccine protects you against the most common type of Meningitis. It does not protect against all types of the disease, so it is very important that you know the signs and symptoms of meningitis. You can find more information about **Meningitis** in the Health Advice pages on our web site

MUMPS - You should have received vaccination against mumps in the form of MMR (Measles, Mumps and Rubella) vaccine. Two doses are required - the first aged 15 months and the second about 3 years later

Many people born between 1982 and 1990 have received only one MMR immunisation, so please check with your doctor that you have received both the required doses before you start your studies in Leeds. If you have only received one dose you will need a booster which your current doctor will arrange for you. You can find more information about **Mumps** in the Health Advice pages on our web site

⑦ HEALTH ADVICE

CONTRACEPTION AND SEXUAL HEALTH - you can find lots of information about contraception and sexual health on our web site's Health Advice page, especially about **LARCs (Long Acting Reversible Contraceptives)** which are also known as fit-and-forget contraception

...information... ..information... ..information...

GMS1 MEDICAL REGISTRATION FORM

Please complete all forms in UPPER CASE



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FORM 1

December 2013

Office use
Received & validated by:

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

2. Male Female

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):

8a. Marital Status: Single Married 8b. Previous family name (surname) used:

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

*We will use your mobile telephone number to SMS (text) you to confirm we have registered you, and in future to send you automatic appointment reminder texts before any booked appointments, for occasional invitations to health screening events, and if applicable to telephone you about important positive test results. We will NOT use it for marketing etc. Inform Reception if you do not want us to use your mobile telephone number for these SMS messages

UNITED KINGDOM ORIGIN - home address details before you came to Leeds

15. House number & street name:

16. Town:

17. POSTCODE (important!):

18. Town of birth:

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

20. If the address when you were registered with that doctor is different to the address at 15 above, write it here:

INTERNATIONAL ORIGIN - details before you came to Leeds

15. Country of birth:

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

17. 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 18 to 20

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

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

House number & street name _____ Town _____

20. Postcode (for address at 19):

21. Ethnicity

White
 White British
 White Irish
 White other

Asian

Asian Indian
 Asian Pakistani
 Asian Bangladeshi
 Asian other

Mixed

White & black Caribbean
 White & black African
 White & Asian
 Other mixed

Black

Black Caribbean
 Black African
 Black other

Chinese

Chinese
 Other ethnic group
 Decline to say

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

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

University of Leeds students have access to free sick notes to cover absences of less than seven days from work/study. This is supported financially by the University of Leeds

Organ and blood donation consent can be given overleaf...

NHS Organ Donor Registration

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I want to register my details on the NHS Organ Donor Register as someone whose organ/tissue may be used for transplantation after my death



Please tick the boxes that apply

Any of my organs and tissue, or

Kidneys Heart Liver Corneas Lungs Pancreas Any part of my body

Signature confirming my agreement to organ/tissue donation: _____

Date: ____/____/____

NHS Blood Donor Registration

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood



Tick here if you have given blood in the last 3 years

Signature confirming my agreement to inclusion on the NHS Blood Donor Register: _____

Date: ____/____/____

MORE INFORMATION ABOUT ORGAN AND BLOOD DONATION

ORGAN DONOR INFORMATION

Transplants are one of the most miraculous achievements of modern medicine. They involve the donation of organs from one person to another and enable about 2,700 people to take on a new lease of life in the UK every year

Kidney transplants are the most commonly performed. Transplants of the heart, liver and lungs are also regularly carried out. As medicine advances, other vital organs including the pancreas and small bowel are also being used in transplants. Tissue such as corneas, heart valves, skin and bone can also be donated

There is a serious shortage of donors. More than 8,000 people in the UK currently need a transplant to save or dramatically improve their lives but fewer than 3,000 transplants are carried out each year due to the shortage of organs. **About 400 people die every year while waiting for a suitable organ to become available**

The Human Tissue Act 2004, which came into force on 1 September 2006, gives priority to the wishes of the 13.5 million people on the NHS Organ Donor Register, donor card carriers and others who have said they want to help others to live in the event of their death. It means that relatives no longer have the legal right to overrule a loved one's wish to donate organs or tissue

More information about organ donation: www.uktransplant.org.uk or call 0845 60 60 400

BLOOD DONOR INFORMATION

Everyone knows blood is literally a lifesaver for those who've been in an accident or need it to help survive treatments and operations. But for some, whose illness has no cure and that last battle they face just can't be won, a blood transfusion can help to improve their quality of life during their final months, weeks or even days

Karen Clarke, a Community Nurse who gives transfusions to the terminally ill in their own homes, says, "These vital transfusions give patients a better quality of life. It gives them the energy and ability to enjoy this precious, final time with their families."

In some serious accidents, a blood transfusion can mean a critically ill patient can stay alive long enough for their loved ones to reach the hospital to see them, one last time

Plasma derived from donated blood is used after obstetric loss of blood (which is usually childbirth), during cardiac surgery, used in the treatment of all kinds of anaemia which can't be medically corrected, such as when rheumatoid arthritis or cancer is involved, and when red cells break down in the newborn and for sickle cell disease

Platelets derived from donated blood can be used in bone marrow failure, post transplant and chemotherapy treatments, and leukaemia

More information about blood donation: www.blood.co.uk/

...information... ..information... ..information... ..information...

Please provide as much information as possible. This will improve the care we provide for you (Page 5 of 6)

FORM 2

Use this page to tell us about existing medical conditions or problems. 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

Office use
Received &
validated by:

1. YOUR NAME:

2. SERIOUS ILLNESS OR OPERATIONS - Please tell us if you have had any serious illness or operations in the past, or now have any serious illnesses. For each item please tell us the year the event happened or problem started

Year Problem or event

3. 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 then strength then dose (how often you use the medicine) for each item

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

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

5. DO YOU HAVE ONE OF THESE MEDICAL CONDITIONS OR TAKE ANY OF THESE MEDICINES?

- | | |
|---|--|
| <input type="checkbox"/> Any condition for which you attend hospital regularly | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Any drugs relevant to Epilepsy | <input type="checkbox"/> History of Cancer |
| <input type="checkbox"/> Any medication you take regularly and need to have blood tests checked | <input type="checkbox"/> History of organ transplant |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> Blood disorder (under hospital care) | <input type="checkbox"/> Psychotic illness |
| <input type="checkbox"/> Crohn's Colitis | <input type="checkbox"/> Rheumatological disorder |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Steroid tablets |
| | <input type="checkbox"/> Systemic Lupus |

If you have ticked anything in this section 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 Patient 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:

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

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

Please complete lifestyle information overleaf...

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: centimetres metres feet & inches

8.WEIGHT: _____ in: kilograms stones & pounds pounds

If you would like a free health check, telephone 0113 295 4488 and ask for a 'new patient health check'

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

11. MENINGITIS C VACCINATION STATUS

- Yes: _____ (year if known)
- No (We advise all students to check their Meningitis C vaccination status is up to date)

GUIDE TO ALCOHOL UNITS for questions 12 & 13



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

12. ALCOHOL STUDY

						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)	

Alcohol questionnaire adapted from World Health Organisation collaborative study developed by the University of Sydney, Australia

Please write your total score here: _____

Score 8 or more = see the Alcohol page on our web site's Health Advice section for guidance

13. 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)

14. SUMMARY CARE RECORD: I have read the information regarding SCR and opt-out (not to have an SCR)

Thank you for completing these registration forms
 Please return them according to the instructions on the first page - see step 4
www.leedsstudentmedicalpractice.co.uk
 Keep in touch with our news on facebook and twitter

