

# Please register before you arrive -

This helps us to access your medical records as soon as possible, and is especially important if you're on medication or require regular medical appointments. It also means your family can help you with information regarding your health when filling the forms in. Please print and complete forms below - Return to:

Student Health at SHU Room 5110 Surrey Building Pond Street SHEFFIELD S1 1WB

If for any reason you don't complete and return the forms before you arrive, please come to the medical centre during your first week to hand them in.

#### Student Health at SHU

We're a general practice with a team of doctors and nurses who have over 20 years' experience of taking care of students in their new university environment. We work very closely with Sheffield Hallam University to provide you with all the health requirements you may need whilst studying here.

We provide a full range of general medical services including a full complement of administrative support. All students registering with the practice have exclusive access to the student health medical centre at City Campus, as well as the use of our other site Porter Brook which is located in the heart of student accommodation.

Our mission is to provide a high-quality, accessible service to students in a welcoming environment where patients and staff feel respected and valued.

We regularly review and improve our services to make sure they are relevant to our patients' needs. We will try to deliver these services efficiently and effectively. We will not discriminate against anyone for any reason.

We accept new patients within a three mile radius of the city centre. Being on-site means you can have appointments in between lectures.

#### What happens if you're currently having follow-up treatment at a local hospital?

If you're having follow-up treatment at your local hospital you can still register with us and stay in their care, or have your care transferred to a local Sheffield Hospital.

# Visiting your doctor at home during holidays or when on placement

If you need to see a doctor when you're out of Sheffield, you can call us and we can arrange a telephone consultation with our duty doctor. If you need to see a doctor at home, please register with them as a temporary resident. This means your medical records will remain in Sheffield until you complete your course. There's no need to find a doctor for repeat medication when you're on holiday or back home – you can call or email us and we will post your prescription to an address of your choice.

### More information

To find out more please

- phone 01142252134
- emai
- visit www.studenthealthatshu.co.uk

		REGISTRATION FOR Www.porterbrookmedicalcentre.co.			
2. Sex:   Male   Female   3. Title:   Mr	☐ Miss ☐ Ms ☐ Oth	er			
4. Family Name (surname):					
5. First name:	Middle name(	s):	1.		
6. Date of birth: day: month:	уөаг:	7. NHS number (if known):			
8. Marital Status:   Single   Married (surna	ame before marrie	age:	)		
Address in Sheffield			STUDENTS		
9. Room or flat number:			Registration date		
10. Name of flats or building:			Complete and send this		
11. House number and street name:	form to us now (before you arrive) and we will register you and request your medical records from your current UK doctor either:				
13. Mobile telephone:	14. House telenh	none: 0114	From 1st September		
15. Email address:					
How would you prefer to be contacted? Email □ SMS □ Post □			* We will assume we can register you immediately, on receipt of this form, if you fail to annotate an option		
UNITED KINGDOM ORIGIN		INTERNATIONAL ORIGIN details before you came to Sheffield			
16. Town of birth:		22. Country of birth:			
17. Name and address of your current docto	r and	23. Date of entry into the UK: dmy			
medical practice:		24. How many months will you stay in the UK?			
18. Please provide your previous address where the second registered with the above GP:	hilst	If you have <u>ever</u> registered with a doctor in the UK you must answer questions 24 to 27  25. Name of most recent doctor or name of medical practice in the UK:			
Previous home address details prior to your Sheffield address  19. House number & street name:  20. Town:		26. The address you were living in when you were registered with that doctor  House number & street name  Town			
21. POSTCODE (important!):		27. POSTCODE (important!):			
28. New patient health check required?	29. Ethnicity	<u>Black</u>	<u>Mixed</u>		
□ Yes □ No	White	□Black Caribbean □Black African	□White & black Caribbean □White & black African		
30. Course title:	□White British □White Irish □White other	□Black other  Asian  □Asian Indian	□White & Asian □Other mixed  Other		
31. Length of course:	<u>Chinese</u> □Chinese	□Asian Rakistani □Asian Bangladeshi □Asian other	☐Other ethnic group ☐Decline to say		
32. Course commenced:					
<b>Date</b> : dy	-	age: □English, □other - please s uire an interpreter? □ Yes, □ N			
35. PATIENT SIGNATURE OR SIGNATURE ON BEHALF OF PATIENT:		DATE: d_	m y		

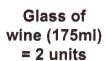
If signing on behalf of a patient, please indicate if a consent form has been completed: ☐ Yes, ☐ No or if the patient is under 18 years of age: ☐ Yes, ☐ No or any other reason, please state why \_\_\_\_\_

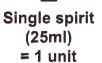
Please provide as much information as possible. This will improve the care we provide for you.						
YOUR NAME:						
STUDENT ID:		DOB:				
1. EMERGENCY CONTACT DETAILS: Who do you want us to contact if there is a medical emergency?						
NAME:.  TELEPHONE NUMBER:.	(i)	RELATIONSHIP TO YOU:				
	ograms    stones & pounds    pounds  Office use: Cessation advice	5. EXERCISE: In an average week, how often do you take exercise which leaves you mildly out of breath, and makes you sweat slightly?  A.   Depart a week				
□ I am a current smoker and smoke:  A. □ a pipe B. □ cigars C. □ roll my own cigarettes D. □ purchased cigarettes  E.:: . (amount per day)	A. □ a pipe B. □ cigars C. □ rolled my own cigarettes D. □ purchased cigarettes E (amount per day) Stopped when?	B. □ once a week C. □ twice a week D. □ 3+ times a week E. □ inadequate amount F. □ health ed.				
6. MEDICINES: Give details of any medication you take regularly including tablets, creams, inhalers, contraception (provide name of contraceptive). Alternatively you can attrach or bring a copy of your repeat prescriptions list.		7. ALLERGIES OR REACTIONS: Give details of any allergic reaction to: eggs, medicines, vaccinations, medical dressings, or foodstuffs.				
8. DO YOU SUFFER FROM ANY OF TH	HE FOLLOWING:					
☐ Diabetes ☐ Immunosuppression ☐ Under a mental health team ☐ Asthma	Do you use an inhaler everyday? ☐ Yes   ☐ No  Which?,	Onset date of illness: .  Serious Illness / Operations:				
	FATUS  s had both MMR vaccinations and the Meni te in the boxes below which vaccinations yo					
□ MMR 1	□ MMR 2	☐ Meningitis C (Since the age of 11)				
10. FEMALE PATIENTS - CERVICAL SI  ☐ Never had a cervical smear, or ☐ Last smear was: Month: Year: .		11. CARER:  Yes You look after a relative, friend or neighbour who cannot manage without your help due to sickness, age or disability.				



Pint of beer / lager / cider = 2 units

Alcopop or can of beer = 1.5 units







# 12. ALCOHOL CONSUMPTION IN UNITS:

In an average week how many units of alcohol do you drink?..

. (write 0 if you do not drink)

If you answered 0 to question 12, please skip questions 13 & 14 and return your forms in the envelope provided as soon as possible.

13. ALCOHOL STUDY	SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	YOUR
How often do you have a drink that contains alcohol?	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4+ times per week	
How many UNITS of alcohol do you drink on an average day when you are drinking?	1 to 2	3 to 4	5 to 6	7 to 8	10+	
How often do you have 6 or more units of alcohol on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the past year have you found you could not stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the past year have you failed to do what was expected of you because of alcohol?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the past 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 past 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 past 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 you know been injured as a result of 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 or advised you to reduce?	No		Yes but not in the last year	-	Yes, during the last year	
Alcohol questionnaire adapted from World Health Organisation			Please write your total score here:			

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

Please write your total score here:

14. Have you scored 8 or above on the alcohol study? ☐ Yes   ☐ No If yes, your drinking is considered to be at an increased risk level and we would therefore like to offer you a brief intervention appointment with a clinician.
Would you like us to arrange this for you? ☐ Yes   ☐ No
<b>15. Do you consider yourself to be suffering from anxiety or low mood?</b> □ Yes   □ No If yes, we would request that you book an appointment with a Doctor or Nurse.
Would you like us to arrange this for you? ☐ Yes   ☐ No

Please ensure you have completed both sides of this form.

Thank you for completing our registration forms.

Please now return them in the envelope provided.