



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
- email
- visit www.studenthealthatshu.co.uk

1. Have you ever registered with us before? No Yes

GMS1 MEDICAL REGISTRATION FORM

www.studentthealthatshu.co.uk | www.porterbrookmedicalcentre.co.uk

ID: _____

2. Sex: Male Female

3. Title: Mr Mrs Miss Ms Other

4. Family Name (surname): _____

5. First name: _____

Middle name(s): _____

6. Date of birth: day: _____ month: _____ year: _____

7. NHS number (if known): _____

8. Marital Status: Single Married (surname before marriage: _____)

Address in Sheffield

9. Room or flat number: _____

10. Name of flats or building: _____

11. House number and street name: _____

12. Postcode: _____

Town: Sheffield County: South Yorkshire

13. Mobile telephone: _____

14. House telephone: 0114 _____

15. Email address: _____

How would you prefer to be contacted?

Email SMS Post

STUDENTS

Registration date
Complete and send this form to us now (before you arrive) and we will register you and request your medical records from your current UK doctor either:

From 1st September

On the first day of term*

* We will assume we can register you immediately, on receipt of this form, if you fail to annotate an option

UNITED KINGDOM ORIGIN

16. Town of birth: _____

17. Name and address of your current doctor and medical practice: _____

18. Please provide your previous address whilst registered with the above GP: _____

Previous home address details prior to your Sheffield address

19. House number & street name: _____

20. Town: _____

21. POSTCODE (important!): _____

INTERNATIONAL ORIGIN details before you came to Sheffield

22. Country of birth: _____

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

24. How many months will you stay in the UK? _____

If you have ever 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: _____

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

House number & street name _____

Town _____

27. POSTCODE (important!): _____

28. New patient health check required?

Yes No

30. Course title: _____

31. Length of course: _____

32. Course commenced:

Date: d _____ m _____ y _____

29. Ethnicity

White
 White British
 White Irish
 White other

Chinese
 Chinese

Black

Black Caribbean
 Black African
 Black other

Asian

Asian Indian
 Asian Pakistani
 Asian Bangladeshi
 Asian other

Mixed

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

Other

Other ethnic group
 Decline to say

33. First language: English, Other - please specify: _____

34. Do you require an interpreter? Yes, No

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:.....

RELATIONSHIP TO YOU:

TELEPHONE NUMBER:.....

2. HEIGHT:..... in: cm | metres | feet & inches

3. WEIGHT:.....in: kilograms | stones & pounds | pounds

4. SMOKING STATUS:

I have never smoked, or

I am a current smoker and smoke:

A. a pipe

B. cigars

C. roll my own cigarettes

D. purchased cigarettes

E. (amount per day)

I am an ex-smoker and smoked:

A. a pipe

B. cigars

C. rolled my own cigarettes

D. purchased cigarettes

E. (amount per day)

Stopped when?

5. Carer:

Yes

You look after a relative, friend or neighbour who cannot manage without your help due to sickness, age or disability.

6. Medicines:

List any medication you take regularly including tablets, creams, inhalers, contraception (provide name of contraceptive). Please also provide a copy of your repeat prescriptions list if possible.

.....
.....

7. Do you suffer from any of the following:

Diabetes

Asthma

Under a mental health team

Immunosuppression

Onset date of illness:

.....

Other serious illness/operations:

.....

.....

8. Online Registration

I wish to have access to the following online services:

A. Booking appointments

B. Requesting repeat prescriptions

Please provide a copy of your ID or bring ID to the desk at the medical centre to complete your online registration.

You will then receive your username and password via email. Please write clearly:

Email address:


If you wish to request access to your online medical record please enquire at reception.

Please turn over and complete the form overleaf.

GUIDE TO ALCOHOL UNITS

 **Pint of beer / lager / cider**
= 2 units

 **Alcopop or can of beer**
= 1.5 units

 **Glass of wine (175ml)**
= 2 units

 **Single spirit (25ml)**
= 1 unit

 **Bottle of wine**
= 9 units

9. 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, please go straight to question 11.

10. ALCOHOL STUDY	Score 0	Score 1	Score 2	Score 3	Score 4	YOUR SCORE:
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 8	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 collaborative study developed by the University of Sydney, Australia.

Please write your total score here:

10. 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

11. Do you consider yourself to be suffering from anxiety of low mood? 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

Thank you for completing this form. Please ensure you have completed both sides