

# HOW TO REGISTER WITH Leeds Student Medical Practice



## ① ARE YOU ELIGIBLE TO REGISTER WITH US?

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 of Leeds or Metropolitan University accommodation in Leeds OR private accommodation in postal areas LS1 to LS7 or LS16 South of the Ring Road?

## ② IF YES TO BOTH THEN COMPLETE THE REGISTRATION DETAILS (*form 1*)

- Enter as much detail as possible into fields 1 to 24
- You must sign and date the form in field 25

## ③ THEN COMPLETE THE MEDICAL HISTORY DETAILS (*form 2*)

- Enter as much detail as possible into fields 1 to 15

## ④ CHECK YOUR REGISTRATION FORMS TO MAKE SURE YOU HAVEN'T MISSED ANY IMPORTANT DETAILS, THEN RETURN FORMS 1 & 2 TO US

- You can hand your forms to us in Parkinson Court (19 to 23 September) or the Arnold & Marjorie Ziff Building (12 to 16 September), or to our Reception any Monday to Friday during opening hours, before, during, or after these dates
- You can post your forms using the return envelope if we supplied you with one
- You can post your forms using an envelope marked '**FREEPOST Leeds Student Medical**'. No stamp is required on the envelope
- If you need more copies of these forms download them from:  
[www.leedsstudentmedicalpractice.co.uk/register](http://www.leedsstudentmedicalpractice.co.uk/register)

Please complete steps ① to ③ as soon as possible,  
then return forms 1 and 2 to us as instructed in step ④

## 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**

## 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

[www.leedsstudentmedicalpractice.co.uk](http://www.leedsstudentmedicalpractice.co.uk)



[www.facebook.com/lsm1](http://www.facebook.com/lsm1)



[www.twitter.com/leedsstudentmed](http://www.twitter.com/leedsstudentmed)



Continued overleaf...

## 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

**ADJUSTING TO UNIVERSITY LIFE** - coming to University is an exciting and challenging time, with many changes and adjustments to make. You can find useful information about **Adjusting to University life** in the Health Advice pages on our web site

**ALCOHOL** - we aim to encourage a sensible approach to alcohol consumption, for your personal safety and welfare and to prevent problems with your health in later life

Interpretation of the alcohol study score on form 2:

- Score 0 to 7 = Sensible drinking - generally considered safe unless pregnant or all units consumed in one session
- Score 8 to 15 = Hazardous drinking - increased risk of long term health and social problems
- Score 16 to 19 = Harmful drinking - increased risk of liver disease, cancer, memory loss
- Score 20+ = Possible dependence on alcohol - advised to make an appointment with a doctor

You can find full information about **Alcohol** in the Health Advice pages on our web site, including a more detailed result interpretation score sheet for the alcohol study:

[www.leedsstudentmedicalpractice.co.uk/healthadvice/alcohol/alcohol.htm](http://www.leedsstudentmedicalpractice.co.uk/healthadvice/alcohol/alcohol.htm)

**CHLAMYDIA** - We recommend Chlamydia testing if you are aged between 15 and 24, male or female, have ever been sexually active and have never had a Chlamydia test before. We also recommend a repeat test every time you change your sexual partner. If you don't have any symptoms there is no need to see a doctor or nurse, simply collect a free self-test kit with full instructions from our Reception desk

**SMOKING** - If you are a non-smoker when you arrive in Leeds we strongly encourage you to remain a non-smoker. This will benefit your general health and fitness, help your heart and lungs stay healthy, and keep more money in your pocket! If you are a current smoker and would like help to reduce or stop smoking, any of our nurses will be pleased to offer you help and guidance. You can also get help and guidance from Leeds NHS Stop Smoking Service on 0800 169 4219

## ⑧ SUMMARY CARE RECORD (SCR)

The NHS in England has introduced the Summary Care Record, which will be used in emergency care. This electronic record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had. This will ensure those caring for you have enough information to treat you safely

The SCR is separate from the medical record Leeds Student Medical Practice will keep for you on computer. The SCR is intended to be used by other organisations like; hospitals, emergency or out of hours care services

Your Summary Care Record will only be available to authorised healthcare staff providing your care in England, and they will ask your permission before they look at it. This means that if you have an accident or become ill, the medical personnel treating you will have immediate access to important information about your health

Leeds Student Medical Practice will create an SCR for you automatically as part of our registration process, unless you have marked on Form 2 to say you do not want an SCR. If you change your mind at a later date we can easily create or delete your SCR

You can get more information about SCR on our web site: [www.leedsstudentmedicalpractice.co.uk](http://www.leedsstudentmedicalpractice.co.uk) - see Summary Care Record on the Health Advice section. You can also talk to the Patient Advice and Liaison Service (PALS) on 0800 0525 270, visit [www.nhscarecords.nhs.uk](http://www.nhscarecords.nhs.uk) or telephone the dedicated NHS Summary Care Record Information Line on 0300 123 3020

Note for parents: Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian chooses to opt them out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, then you should make this information available to them

Summary: Unless you have indicated on Form 2 that you do not want an SCR we will assume that you are happy and create a Summary Care Record for you. If you would like information about the way we manage your electronic health records you can find this by looking at our web site's Data Protection page (in the Health Advice section)

# GMS1 MEDICAL REGISTRATION FORM

www.leedsstudentmedicalpractice.co.uk



**Form 1 - July 2011**

Office use:  
received &  
validated by:

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

2. Sex:  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):

8. Marital Status:  Single  Married (family name before marriage: )

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. Tick one to indicate your status:

Yes I am a student at the University of Leeds, and my course title / department is:

Yes I am a higher education student at another college, university or educational facility

My University or College name is: \_\_\_\_\_

Yes I am the partner or child of a registered student

And my course title / department is: \_\_\_\_\_

22. 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

23. First language:  English

Other - specify: \_\_\_\_\_

24. Nationality:  UK National

Other - specify: \_\_\_\_\_

25. YOUR SIGNATURE: \_\_\_\_\_ DATE: d \_\_\_\_\_ m \_\_\_\_\_ y \_\_\_\_\_

Notes: If you are not a University of Leeds student you are not entitled to use the Practice's day resting facility. Also if you require a sick note to cover absences of less than seven days from work/study this is not provided under NHS regulations so you will need to pay for the note

Continued overleaf...

### NHS Organ Donor Registration

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 13.5m 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](http://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/](http://www.blood.co.uk/)

**1. YOUR NAME:** \_\_\_\_\_  
 Form 2-July 2011  
 Office use:  
 Validated by: \_\_\_\_\_

**2. EMERGENCY CONTACT DETAILS:** Who do you want us to contact if there is a medical emergency?  
 Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_

**3. HEIGHT:** \_\_\_\_\_ in: centimetres metres feet & inches  
**4.WEIGHT:** \_\_\_\_\_ in: kilograms stones & pounds pounds

**5. SMOKING STATUS**  
 I have never smoked, or  
 I am a current smoker, and used to 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  
 Stopped when? \_\_\_\_\_  
 Office use:  
 Cessation advice

**6. 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. 1 to 3 twenty minute periods of exercise per week  
 C. More than 3 twenty minute periods of exercise per week  
 D. I am a competitive athlete

**7. MEDICINES** - give names of any medication you take regularly including tablets, creams, inhalers, contraception (provide name of contraceptive). Alternatively you can attach or bring a copy of your repeat prescriptions list






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

**9. 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 \_\_\_\_\_  
 Office use: code

**10. MENINGITIS C VACCINATION STATUS**  
Yes, month: \_\_\_\_\_ year: \_\_\_\_\_ No Don't know

**11. FEMALE PATIENTS - CERVICAL SMEAR INFORMATION (Papanicolaou test)**  
Never had a cervical smear, or  
Last smear was month: \_\_\_\_\_ year: \_\_\_\_\_ Result: Normal Abnormal

Please provide as much information as possible. This will improve the care we provide for you

**GUIDE TO ALCOHOL UNITS for questions 12 & 14**  
 1.5 units  
 2 units  
 2 units  
 1 unit  
 9 units  
 Pint of beer / lager / 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**  
 if you answered **Never** (score 0) you do not need to answer the remaining alcohol questions, go to question 13 now

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)	YOUR SCORE
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)	
How often do you have 6 or more units of alcohol on one occasion?	Never (score 0)	Less than monthly (score 1)	Monthly (score 2)	Weekly (score 3)	Almost daily (score 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)	
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)	
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)	
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)	
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)	
Have you or someone you know been injured as a result of drinking?	No (score 0)	-	Yes but not in the last year (score 2)	-	Yes during the last year (score 4)	
Has a relative / friend / doctor / health worker been concerned about your drinking or advised you to reduce?	No (score 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:** \_\_\_\_\_

**13. CARER:** Yes  
 (this means you look after a relative, friend or neighbour in Leeds who cannot manage without your help due to sickness, age or disability)

**14. ALCOHOL CONSUMPTION IN UNITS**  
 In an average week how many units of alcohol do you drink?  
 (write 0 if you do not drink)  
 Use the GUIDE TO ALCOHOL UNITS above to work out your weekly units

**15. SUMMARY CARE RECORD:** I have read the information regarding the SCR and I choose to opt-out (not have an SCR)  
 if you would like a free health check, telephone 0113 295 4488 and ask for a 'new patient health check'

**Thank you for completing our registration forms**  
**Please return them according to the instructions on the first page**  
**www.leedsstudentmedicalpractice.co.uk**  
