



Thank you for applying to join the Loughborough University Medical Centre (LUMC).  
Please bring your Student ID Card with your registration form or other photographic ID to confirm your registration.  
**Complete all of the form in CAPITAL LETTERS. Failure to complete correctly may result in a delay**

<b>Student ID No:</b>	<b>Subject/Department of Course:</b>
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<b>Have you previously been registered with THIS Medical Centre?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>NHS No.</b> _____/_____/_____ <a href="#">Click here for info on what is an NHS number?</a>
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<b>Title:</b> <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (specify)
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<b>Forename(s):</b> (as appears on passport)
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<b>Surname(s):</b> (as appears on passport)
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<b>Date of Birth (dd/mm/yyyy):</b> ____/____/_____	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified
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<b>Town and Country of birth:</b>
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<b>University Halls or Loughborough Address and Postcode:</b>
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<b>UK Mobile No.:</b> Preferred Contact Number? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Home Telephone No.:</b> Preferred Contact Number? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Email address:</b>  By supplying your contact details, we will assume you are happy to receive information from the Practice such as appointment reminders via these methods. You can opt out at any time.
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***PLEASE HELP US TRACE YOUR PREVIOUS MEDICAL RECORDS BY PROVIDING US WITH THE FOLLOWING INFORMATION:***

<b>Your full previous address in the UK:</b>
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<b>Name and Address of previous doctor whilst at that address:</b>
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***IF YOU ARE FROM ABROAD:***

<b>Date you first came to live in UK:</b> ____/____/_____	<b>If previously resident in UK, date of leaving:</b> ____/____/_____
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<b>Your <u>first</u> UK address where registered with a GP:</b>
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Please tick if you would like to receive our quarterly newsletter <input type="checkbox"/>
Please tick if you would like to register for online access (i.e. book appts, order repeat meds, etc.) <input type="checkbox"/>
Please tick for information on how to join our Patient Participation Group <input type="checkbox"/>

<b>Signed:</b>
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<b>Date: (dd/mm/yyyy):</b> ____/____/_____
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**DO YOU CURRENTLY SUFFER FROM A SIGNIFICANT MEDICAL CONDITION?**  Yes  No

If you currently suffer from a significant medical which may require regular monitoring and/or treatment, please notify the Medical Centre as soon as possible to ensure continuity of care.  
 Please bring with you to your first Doctor's appointment your current medication list and/or a patient summary from your previous GP. This will prevent any delays in your treatment.  
*Please note we cannot register patients on anticoagulants such as warfarin but you can register elsewhere in Loughborough.*

**ALLERGIES**

Are you allergic to any <u>medicines</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, specify to the right)
Do you have other allergies i.e. nuts, gluten, peanuts, certain foods, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, specify to the right)

<p><b>MENINGITIS ACWY IMMUNISATION</b>                  NHS England strongly recommends anyone who is <b>starting University</b> aged <b>18-24yrs</b> have an ACWY booster if you haven't already done so.  <input type="checkbox"/> <b>Yes, I would like a booster.</b> (We'll contact you when our clinics are on)  <input type="checkbox"/> <b>No, I would not like a booster.</b>  <input type="checkbox"/> <b>I have already had an ACWY booster on (date):</b> _____</p>	<p><b>CORONAVIRUS</b>                  If you have officially been tested for Covid-19 and your result has been positive please provide the date of your test:  <b>DD/MM/YY:</b> _____</p>
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<p><b>SMOKING STATUS:</b> (please tick)</p> <p>Never Smoked <input type="checkbox"/></p> <p>Ex-Smoker <input type="checkbox"/></p> <p>Current Smoker <input type="checkbox"/></p>	<p><b>Carers Information:</b>                  Are you the primary carer for someone with a disability, physical or mental need?  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p>	If yes, please specify who:
	<p><b>The Accessible Information Standard:</b>                  Do you have any specific communication needs i.e. braille, large print, etc.  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p>	If yes, please specify below:
	<p><b>Do you have any disabilities, illnesses or accessibility needs?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p>	If yes, how can we support your needs?

<b>ALCOHOL AWARENESS AUDIT</b> <i>Please tick against the appropriate answer</i>	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	Office Use
How often do you have a drink containing alcohol?	<input type="checkbox"/> Never	<input type="checkbox"/> Monthly or less	<input type="checkbox"/> 2 - 4 times Per month	<input type="checkbox"/> 2 - 4 times per week	<input type="checkbox"/> 4+ times per week	Audit C Total <input type="text"/>
How many units of alcohol do you drink on a typical day when you are drinking?	<input type="checkbox"/> 1 - 2	<input type="checkbox"/> 3 - 4	<input type="checkbox"/> 5 - 6	<input type="checkbox"/> 7 - 9	<input type="checkbox"/> 10+	
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?	<input type="checkbox"/> Never	<input type="checkbox"/> Less than monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily or almost daily	Full Audit Score inc. Audit C Total <input type="text"/>
How often in the last year have you found you were not able to stop drinking once you had started?	<input type="checkbox"/> Never	<input type="checkbox"/> Less than monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily or almost daily	
How often in the last year have you failed to do what was expected of you because of drinking?	<input type="checkbox"/> Never	<input type="checkbox"/> Less than monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily or almost daily	
How often in the last year have you needed an alcoholic drink in the morning to get you going?	<input type="checkbox"/> Never	<input type="checkbox"/> Less than monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily or almost daily	
How often in the last year have you had a feeling of guilt or regret after drinking?	<input type="checkbox"/> Never	<input type="checkbox"/> Less than monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily or almost daily	
How often in the last year have you not been able to remember what happened when drinking the night before?	<input type="checkbox"/> Never	<input type="checkbox"/> Less than monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily or almost daily	
Have you or someone else been injured as a result of your drinking?	<input type="checkbox"/> No		<input type="checkbox"/> Yes, but not in the last year		<input type="checkbox"/> Yes, during the last year	
Has a relative/friend/doctor/health worker been concerned about your drinking/advised you to cut down?	<input type="checkbox"/> No		<input type="checkbox"/> Yes, but not in the last year		<input type="checkbox"/> Yes, during the last year	



**What is your ethnicity? (please tick the appropriate box)**

<b>White</b>	British <input type="checkbox"/>	European <input type="checkbox"/>	Mixed White <input type="checkbox"/>	Other White <input type="checkbox"/>
<b>Black</b>	African <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Mixed Black <input type="checkbox"/>	Other Black <input type="checkbox"/>
<b>Asian</b>	Chinese <input type="checkbox"/>	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Other Asian <input type="checkbox"/>
<b>Midl East</b>	Arab <input type="checkbox"/>	Israeli <input type="checkbox"/>	Iranian <input type="checkbox"/>	Other Midl East <input type="checkbox"/>
<b>Mixed</b>	White & Asian <input type="checkbox"/>	White & African <input type="checkbox"/>	White & Caribbean <input type="checkbox"/>	Other Mixed <input type="checkbox"/>

**Data Sharing**

<p><b>Summary Care Record (SCR)</b>                  Your SCR is an electronic summary of key medical information taken from your GP medical record that can be accessed if you need urgent care away from your GP surgery to help give you better and quicker care. For more info, visit: <a href="http://www.nhscarerecords.nhs.uk">www.nhscarerecords.nhs.uk</a></p> <p><input type="checkbox"/> <b>Yes, Express consent for meds, allergies and adverse reactions only.</b></p> <p><input type="checkbox"/> <b>Yes, Express consent for meds, allergies and adverse reactions AND additional information.</b></p> <p><input type="checkbox"/> <b>No, I do NOT want a Summary Care Record</b></p>	<p><b>Enhanced Data Sharing Module (EDSM)</b>                  We use a clinical computer system called SystemOne to record your medical information. With your consent, you can allow your full GP record to be shared with other healthcare services that are providing care for you and who also use SystemOne. These other services will always ask consent to view your record. For more info, please visit our website <a href="http://www.lborounimedicalcentre.co.uk">www.lborounimedicalcentre.co.uk</a></p> <p><b>Please note you will be opted IN to the Enhanced Data Sharing Module unless you notify the practice that you wish to opt out. You will be opted out automatically if you ticked no to having a summary care record.</b></p>
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<p><b>Risk Stratification Preferences</b>                  Risk stratification is the process of identifying the relative risk of patients in a population by analysing their medical history. It's a key enabler for improving the quality of care delivered by the NHS. LUMC is taking part in the Risk Stratification programme and will be uploading patient identifiable data for analysis. Patient identifiable information will only be viewable at GP practice level. Any NHS organisation external to the practice using risk stratification will only see anonymised data. You have already been opted in to this service however, you can:</p> <p><input type="checkbox"/> <b>Tick this box if you wish to <u>opt-out</u> of the Risk Stratification programme</b></p>
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**Other Information**

<p><b>PATIENTS CURRENTLY UNDER CARE OF A CONSULTANT</b>                  If you are being treated for a current condition by your consultant at a hospital whether via NHS or privately, please ensure you have your clinic letters sent to us before your first visit to see the GP.                  If you are being prescribed controlled medication via your consultant that requires monitoring, the practice will require a copy of the shared care agreement form that is usually sent to GP's from your consultant.                  This should also be sent to us prior to your first visit so that we can continue to prescribe your medication here.                  Without this, we will be unable to prescribe certain medications for you and it may cause delays in treatment and continuity of care.</p>
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<p><b>ACCESSING INFORMATION</b>  <b>Website:</b> visit <a href="http://www.lborounimedicalcentre.co.uk">www.lborounimedicalcentre.co.uk</a> for more information on how to access care and services at the medical centre, what to do when we are closed and other health/practice related information.  <b>Facebook:</b> follow us on <a href="http://www.facebook.com/LoughboroughUniversityMedicalCentre/">www.facebook.com/LoughboroughUniversityMedicalCentre/</a> for practice &amp; university updates and events.</p>
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***YOUR IMMUNISATION HISTORY***

Please ensure you have this to hand when you register at the Medical Centre.  
 This will avoid delays in you receiving any treatment for travel/routine immunisations.

**THANK YOU FOR REGISTERING WITH THE UNIVERSITY MEDICAL CENTRE**

You should be added to our practice register within 10 working days. Once you have registered, you will receive a text message confirming your registration. Any relevant information based on your completed registration form will also be sent to you after this.  
 If you do not receive a text within 4 weeks of handing in your form, please contact the Medical Centre.

**SUBMITTING YOUR FORM**

*Please double check your form before submitting to ensure we can register you promptly.*  
 Once completed, you can send your form to us via post or email:

**Postal address:** Dr Vaghela & Dr Gill, Loughborough University, Ashby Road, Loughborough, Leics, LE11 3TU

**Email address:** [medcentre-registrations@lboro.ac.uk](mailto:medcentre-registrations@lboro.ac.uk)

*(Email is the fastest method to get your registration submitted but please note sending information via email is not 100% secure).*

Alternatively, please hand in your form to the Medical Centre reception **on the day of your arrival.**