The Health Centre at the University of Sussex Registration Form

Please fill in your details and hand back to reception when complete.

**Please only complete this registration form once.** If you have previously submitted this form at any time please do not do so again unless advised by the Health Centre to do so. If you are unsure of your registration status, you can contact the practice who will be able to confirm this for you.

**Current patients: DO NOT** use this form to update your address or other details.

**\* Have you registered with the NHS before?** Yes No

**\* Have you registered with this practice before?** Yes No

**\* Are you a student?** Yes No

**\* Title:** Mr Mrs Miss Ms Mx

**\* Surname (Family name):**

**\* First name(s):**

**Previous surname(s):**

**\* Date of birth:** Day Month Year

**NHS No.** (if known)**:**

**\* Gender:**

Male Female

**\* Marital status:**

**\* Sexual orientation:**

**\* Religion/Belief:**

**\* Place of birth:** \* Town: \* Country:

**Student Accommodation:** Yes No

**Flat/Room:**

**House/Hall:**

* + **Street Address:**

**Area:**

**\* Town:**

**\* Postcode:**

* + **Email address:**

**\* UK Mobile telephone**

**number:**

**\* May we contact you using email?** Yes No

**\* May we contact you using SMS text?** Yes No

**Emergency Contact**

* + **Full name:**
  + **Phone no:**
  + **Relationship:**

**Is your Emergency Contact also your Next of kin?** Yes No

**Do you give permission to discuss your medical records with them?** Yes No

**Please help us trace your medical records by selecting if you are a UK or International student (Part 1) and then filling in the next section (Part 2)**

**Part 1. Select if you are from UK or abroad:**

From UK

International

**I certify that the information I have provided is correct and to my personal and medical information being used as stated.**

**\* Signature:**

Please continue to the next page

**Health Questionnaire**

**\* Ethnic origin: Do you speak English?** Yes No

**\* First language: Do you read English?** Yes No

**Are you a carer?** Yes No **Do you have a carer?** Yes No

**\* Height:**  cm **\* Weight:** kg

* **Do you SMOKE?** Yes No Used to smoke

**\* Please state how much EXERCISE and what type of exercise you do per week:**

* **How often do you have a drink that contains ALCOHOL?**

Never (0)

Monthly or less (1)

2-4 times / month (2)

2-3 times / week (3)

4+ times / week (4)

* **How many standard alcoholic drinks do you have on a typical day when you are drinking?**

1-2 (0)

3-4 (1)

5-6 (2)

7-9 (3)

10+(4)

\* **How often do you have 6 or more standard drinks on one occasion?**

Never (0)

Less than monthly (1)

Monthly (2)

Weekly (3)

Daily or almost daily (4)

**IMMUNISATION HISTORY**

Please list any immunisations/vaccinations you have had and the dates you had them:

Please continue to the next page

**Have you been diagnosed with any of the following CONDITIONS?**

Please enter onset date.

**Diabetes:**  **Eating disorder:**  a

**Epilepsy: Mental health issue:**  da

**Hypothyroidism: Coronary Heart Disease (CHD):**

**Hypertension:**  **Congenital Heart Disease:**  a

**Inflammatory bowel disease:**  **Cancer:**  da

**Asthma:**  **ADHD:**

**NONE of the above:**

**Have you had/do you suffer from any OTHER serious illness or condition not mentioned above?**

Yes No

**Have you had any significant INJURIES or OPERATIONS?**

Yes No

**Do you have any DISABILITY/COMMUNICATION needs?**

Yes No

**Do you suffer from any ALLERGIES?**

Yes No

**Do you take any prescribed MEDICATION at present?** (including the pill and depo-injections)

Yes No

**If you were born before 1996, have you ever received a blood transfusion?**

Yes No

**EYE SIGHT:** Good Poor Registered Blind

**HEARING:** Good Poor Partially Deaf Deaf

**WOMEN OVER 25**

**Have you ever had a smear test?** Yes No

If you are over 25 and have not yet had a smear please make an appointment with the Practice Nurse.

**Have you had HPV VACCINATION?** Yes No

# \* NHS Records

There are strict laws and regulations to ensure that your health records are kept confidential and can only be accessed by health professionals directly involved in your care. There is some sharing of information as detailed below. You can opt out of any of these at any time if you wish.

**NHS Summary Care Record (SCR)** - this is an electronic record which contains information about the medicines

you take, allergies you suffer from and any bad reactions to medicines you have had. Having this information stored in one place makes it easier for healthcare staff to treat you in an emergency, or when your GP practice is closed.

**I agree to opt in I do not agree to opt in**

# Named Accountable GP

The department of Health has advised that all patients of 75 years and older have a named and accountable GP to oversee their care. Please ask the name of the GP assigned to oversee your care. Please note that this does not prevent you from seeing the GP of your choice.

# Electronic Prescriptions (EPSs)

If you are on repeat medication and would like this sent direct to a pharmacy of your choosing when requesting it, you can sign up by going into your chosen pharmacy and asking them to sign up for the 'EPS Service'.

Alternatively, you can ask us at Reception in the Health Centre.

# What happens to my information?

Personal and medical information about patients registered at this practice are primarily kept electronically, although some is kept in paper form. Some information will be sent to hospital consultants and other health professionals to whom you are referred by your GP in order to provide continued healthcare and obtain treatment for you.

We sometimes use accredited suppliers for our communication with you, for example when we send recall letters for review clinics or medication reviews. All suppliers we use are checked carefully to ensure they comply with strict confidentiality protocols.

To ensure the security of all patient information, all staff that has access to your records is covered by confidentiality clauses in their contracts and the Data Protection Act and the Freedom of Information Act. Our guiding principle is that we hold your records in strict confidence.

**Blood Donation**

If you are interested in becoming an blood donor, visit https://www.blood.co.uk/ to go to the blood donor website.

**Organ Donation**

Organ donation in England has changed to an 'opt out' system. You still have a choice about whether or not you wish to become a donor and your faith, beliefs and culture will continue to be respected. You can record your organ donation decision on the NHS Organ Donor Register. Tell your family and friends what you have decided.