

PENRYN SURGERY STUDENT REGISTRATION (Please complete both sides)

Information & Communication Needs :

Please let us know if you have any information or communication needs. This may include large print, sign language interpreter or hearing aid communication tool. We will make a note of this on your records and support you with this during future contacts with the Practice.

MR/MRS/MISS/OTHER FIRST NAME.....
LAST NAME
DATE OF BIRTH (Date/Month/Year)..... MOBILE
EMAIL.....

(By providing your e-mail address and mobile number you consent to us contacting you by these methods of communication for Direct Patient Care – including national screening programmes - Please bear this in mind if you share an e-mail account)

Transgender patients :

Male to Female Female to Male

We may need to ask you for further information to be able to locate your medical records – we can either discuss this with you today or will contact you in the near future.

HEIGHT :

WEIGHT :

Course Dates :

Proposed Course End Date :

ETHNIC CATEGORY (please circle ONE only)

- | | |
|-------------------------------|-------------------------------|
| WHITE | MIXED |
| A British | D White and Black Caribbean |
| B Irish | E White and Black African |
| C Any other White background | F White and Asian |
| | G Any other mixed background |
| ASIAN OR ASIAN BRITISH | BLACK OR BLACK BRITISH |
| H Indian | M Caribbean |
| J Pakistani | N African |
| K Bangladeshi | P Any other Black background |
| L Any other Asian background | |
| OTHER ETHNIC GROUPS | |
| R Chinese | Z Not stated |
| S Any other ethnic group | |

PLEASE STATE YOUR FIRST LANGUAGE.....

RELIGION

<p>SMOKING: Are you a :</p> <p>Current smoker <input type="checkbox"/></p> <p>Ex smoker <input type="checkbox"/></p> <p>Never smoked <input type="checkbox"/></p>	<p>STOP SMOKING</p> <p>If you are interested in help and advice we have Stop Smoking leaflets at reception. You can contact stop smoking services on 01209 615600, or contact the surgery to book an appointment with Michelle Stubbs, our smoking cessation counsellor.</p>
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ALCOHOL						
How many units of alcohol do you drink per week?						
0	1-14	15-21	22-28	36-42	43-49	50 or over
How often do you have 8 (men) / 6 (women) or more drinks on one occasion?	NEVER	LESS THAN MONTHLY	MONTHLY	WEEKLY	DAILY OR ALMOST DAILY	
Only answer the following questions if your answer above is monthly or more						
How often in the last 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	
How often in the last year have you failed to do what was expected of you because of drinking?	NEVER	LESS THAN MONTHLY	MONTHLY	WEEKLY	DAILY OR ALMOST DAILY	
Has a relative/friend/doctor/ health worker been concerned about your drinking or advised you to cut down?	NO		YES BUT NOT IN THE LAST YEAR		YES, DURING THE LAST YEAR	

<u>MEDICAL HISTORY – That requires current treatment and/or regular medication</u>					
Asthma <input type="checkbox"/>	Hypertension <input type="checkbox"/>	Heart disease <input type="checkbox"/>			
Kidney Disease <input type="checkbox"/>	Hypothyroidism <input type="checkbox"/>	ADHD- <u>requiring</u>			
Diabetes <input type="checkbox"/>	Epilepsy <input type="checkbox"/>	<u>medication</u>			
Other :					
.....					

<u>Have you had the MenACWY vaccine, to protect you from Meningococcal groups A, C, W and Y?</u>	
Yes <input type="checkbox"/> Date	No <input type="checkbox"/> If you are over 18, and this is your first ever year at a University, you will be eligible for this vaccine, and the surgery will be in contact with you.

<u>FEMALES ONLY</u>	
1. Do you have a coil fitted at present? YES / NO	
2. If so, what date did you have the coil fitted?	
3. Do you have a contraceptive implant fitted at present? YES / NO	
4. If so, what date did you have the contraceptive implant fitted?	

For more information, please visit www.penryn.co.uk , policies and confidentiality or ask for a leaflet.

The Practice’s Privacy Policies, (prepared in line with GDPR requirements), can also be obtained from Reception. They can also be viewed in our waiting rooms and on our websites.

Please note: any information you give on this form will only be used by the Penryn Surgery in conjunction with your health needs and will not be passed to any third parties.