

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 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. Please bear this in mind if you share an e-mail account)

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	Z Not stated
R Chinese	
S Any other ethnic group	

PLEASE STATE YOUR FIRST LANGUAGE.....

RELIGION

<p><u>SMOKING:</u></p> <p>Are you a Current smoker <input type="checkbox"/></p> <p>Ex smoker <input type="checkbox"/></p> <p>Never smoked <input type="checkbox"/></p>	<p><u>STOP SMOKING</u></p> <p>If you are interested in help and advice we have Stop Smoking leaflets at reception. You can contact our smoking cessation advisor, Christine Cowe on 07887724834</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

MEDICAL HISTORY – That requires current treatment and/or regular medication

Asthma Hypertension Heart disease
Kidney Disease Hypothyroidism ADHD- requiring
Diabetes Epilepsy medication

Other :
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Have you had the MenACWY vaccine, to protect you from Meningococcal groups A, C, W and Y?

Yes Date No 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.

FEMALES ONLY

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?

Enhanced Data Sharing Model (eDSM) :

SystemOne is the clinical computer system used by Penryn Surgery. Opting into this method of sharing your medical information will allow other NHS services who use this same clinical computer system, eg. District Nurses, to access your medical record but **ONLY** if they have need to do so for your clinical care.

•Do you consent to the sharing of information with any other NHS service that may care for you?

- Yes
- No

This is not a data collection exercise; it is purely about your medical care.

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

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.