REGISTRATION FORM 2020 – UNIVERSITY MEDICAL CENTRE
Please complete in FULL using BLOCK CAPITALS

Title:	**Male** □ **Female** □ **Transgender** □ **Other** □ Please State:
Surname:	**Town and Country of Birth:**
Forename:	**Date of Birth:** **Age:**
Address in Bath (including post code):	**University Department** **Length of Course**
Mobile Number: ……………………………………………… Please be aware that you may occasionally receive communications from us by text message. Normally these will be reminders about your booked appointment or medical reviews. **If you DO NOT wish to receive text message reminders from the University Medical Centre please tick here** ☐	**Contact in case of an Emergency** **Title:** **Forename:** **Surname:** **Home Tel No:** **Mobile Tel No:** **Relationship to patient:** **Is this your next of kin?** (*closest relative*) **Yes** □ **No** □

If you would like this form in another format or if you have any information or communication needs, please tick here ☐ and speak to one our Practice team when you hand in this form

Email Address:

Do you suffer from any of the following (answer **YES** or **NO):**

Condition		Condition	
Asthma (needing inhalers in the last year)		Rheumatoid Arthritis	
Diabetes – Type I or Type 2: **please specify**		Atrial Fibrillation	
Eating Disorder		Cancer	
Epilepsy		Chronic Obstructive Pulmonary Disease (COPD)	
Depression – treated with medication		Raised Blood Pressure – treated with medication	
Schizophrenia, Bipolar Disorder or Psychosis **If YES, please specify:**		Heart Disease	
Under–Active Thyroid (hypothyroidism)		Kidney Disease	

Do you have any other medical problems not listed above? If **YES**, please list:

Are you currently taking any medication? If **YES**, please list:

Have you been vaccinated against:

MMR (Measles, Mumps, Rubella) : **No** □ **Yes** **1st Date**………….. **2nd Date**………………

Meningitis ACWY : **No** □ **Yes** □

Coronavirus: **No** □ **Yes** **1st Date**………….. **2nd Date**……………… Vaccination Type:

If you are female and over 25, have you had a smear test? Yes ☐ **Date:**……………………………………………… **No** ☐

Are you allergic to any medications?	**Do you have any other allergies? eg hayfever, animals**

Do you smoke? Never □ Ex-Smoker □ Current Smoker □
If Current Smoker : **Leaflet/Information given** □

Are you registered disabled? Yes □ No □	**Are you a carer for anyone?** Yes □ No □

Office Use Only: **Photo ID presented:**
Driving Licence □
EU Identity Card □
Passport □
British Resident Permit □

Second form of ID: □ …………………………..

Witnessed and authorised by UMC staff: Initial here …………….

For office use only: coded..................................

AUDIT-C Questionnaire

Patient Name________________________ **Date of Visit**__________________________

1. How often do you have a drink containing alcohol?
   - □ a. Never
   - □ b. Monthly or Less
   - □ c. 2-4 times a month
   - □ d. 2-3 times a week
   - □ e. 4 or more times a week

2. How many standard drinks containing alcohol do you have on a typical day?
   - □ a. 1 or 2
   - □ b. 3 or 4
   - □ c. 5 or 6
   - □ d. 7 to 9
   - □ e. 10 or more

3. How often do you have six or more drinks on one occasion?
   - □ a. Never
   - □ b. Less than monthly
   - □ c. Monthly
   - □ d. Weekly
   - □ e. Daily or almost daily

For Office Use Only: Score: Initials: .

ETHNICITY AND FIRST LANGUAGE

Why is it important to fill out ethnicity and first language?

The Government is committed to reducing health inequalities: ensuring that whatever their economic or ethnic background patients receive the highest possible quality of care. Accurate information is required in order to ensure that the services fulfil this obligation.

ETHNIC GROUP	Tick Here
Decline Declined: patient chooses not to supply this information	
A: White • British	
• Irish	
• Any other White background (please write in line below)	
B: Mixed • White and Black Caribbean	
• White and Black African	
• White and Asian	
• Any other mixed background (please write in line below)	
C: Asian or Asian British • Indian	
• Pakistani	
• Bangladeshi	
• Any other Asian background (please write in line below)	
D: Black or Black British • Caribbean	
• African	
Any other black background (please write in line below)	
E: Chinese or other ethnic group • Chinese	
• Any other (please write in line below)	

MAIN LANGUAGE SPOKEN	
Decline Declined: patient chooses not to supply this information	Tick
(Please circle your first language spoken) Arabic Bengali Bulgarian Cantonese Danish Dutch English French Gaelic German Greek Gujarati Hakka Hindi Japanese Italian Korean Mandarin Norwegian Patois/Creole Polish Portuguese Punjabi Russian Somali Spanish Swedish Tamil Thai Turkish Urdu Vietnamese Welsh British Sign Language Any other language (specify)	

UNIVERSITY MEDICAL CENTRE

We offer our patients the choice of having a Summary Care Record.

The new NHS Summary Care Record has been introduced to help deliver better and safer care and give you more choice about who you share your healthcare information with.

What is the NHS Summary Care Record?

The Summary Care Record contains basic information about:

- **any allergies you may have**
- **any unexpected reactions to medications**
- **any prescriptions you have recently received**

The intention is to help clinicians in A & E Departments and 'Out of Hours' health services to give you safe, timely and effective treatment. Clinicians will only be allowed to access your record if they are authorised to do so and, even then, only if you give your express permission. You will be asked if healthcare staff can look at your Summary Care Record every time they need to, unless it is an emergency, for instance if you are unconscious. You can refuse if you think access is unnecessary.

Children under the age of 16

Patients under 16 years will not receive this form, but will have a Summary Care Record created for them unless their GP surgery is advised otherwise. **If you are the parent or guardian of a child then please either make this information available to them or decide and act on their behalf. Ask the surgery for additional forms if you want to opt them out.**

You do not have to have a Summary Care Record, although you are strongly recommended to consider this choice. If you are happy for a Summary Care Record to be set up for you then you need take no further action. If you want to opt-out now please fill in your details below and return the form to Reception as soon as possible.

ONLY COMPLETE THE SECTION BELOW IF YOU DO NOT WANT A SUMMARY CARE RECORD

NAME: **DATE OF BIRTH:**

NO I do not want a Summary Care Record ☐ (please tick)

Signed ……………………………………………… **Date** ……………………………………

For more information visit www.nhscarerecords.nhs.uk or if you cannot find the answers to your questions call 0300 123 3020.