

**Information for Students who will be attending Oxford Brookes University and wish to register for medical services at the Medical Centre on the campus.**

**Please print off the following pages and fill in as much of the details requested before you arrive in Oxford. This includes the registration form and the Health Questionnaire. Details of your current GP, your NHS number, your immunisation history, any relevant past medical history and details of any current medications will be helpful. You can obtain all of this information from your current GP who should be able to provide you with a summary of your medical history.**

**You may not be able to complete this form in its entirety as you will not have your Student number until you have completed a face to face enrolment on Tuesday 24<sup>th</sup> January 2012.**

**International students: please complete as much of the form as you can. Completing the form prior to arrival will save you time when you register for medical services on 24<sup>th</sup> January.**

**Thank you for taking your time to complete this form prior to your arrival.**

**For further Information for Students who will be attending Oxford Brookes University and wish to register for medical services at the Medical Centre on the campus, please [CLICK HERE](#).**



**St Bartholomew's Medical Centre Usual Doctor choice**

Dr Peter Burke (M)	<input type="checkbox"/>	Dr Ann Bevan (F)	<input type="checkbox"/>	Dr Alison Fairley (F)	<input type="checkbox"/>
Dr Hanif Rahim (M)	<input type="checkbox"/>	Dr Jeanne Fay (F)	<input type="checkbox"/>	Dr Steven Ross (M)	<input type="checkbox"/>
Dr Tia MacGregor (F)	<input type="checkbox"/>	Dr Jenny Sanderson (F)	<input type="checkbox"/>		

**Jericho & West Oxford Health Centre Usual Doctor choice**

Dr Karen Kearley (F)	<input type="checkbox"/>	Dr Helen Salisbury (F)	<input type="checkbox"/>	Dr Dave Triffitt (M)	<input type="checkbox"/>
Dr Karen Walker (F)	<input type="checkbox"/>	Dr Tim Lancaster (M)	<input type="checkbox"/>		

**Morland House Surgery Usual Dr choice**

Dr Lynda Ware (F)	<input type="checkbox"/>	Dr Anthony Harnden (M)	<input type="checkbox"/>	Dr Karen Bateman (F)	<input type="checkbox"/>
Dr David Copping (M)	<input type="checkbox"/>	Dr Nicole Doling (F)	<input type="checkbox"/>	Dr Tim Wilson (M)	<input type="checkbox"/>
Dr Catherine Jarvis (F)	<input type="checkbox"/>	Dr Kirsty Raynor (F)	<input type="checkbox"/>	Dr Ahsan Alvi (M)	<input type="checkbox"/>



**Carers:** A Carer is someone who on a regular unpaid basis, looks after a friend, relative or neighbour who cannot manage at home without help, because of age, sickness or disability.

We think it is important to identify Carers because of their special role. If you answer 'Yes' to one of the questions below, we will contact you with details of local agencies that may be able to offer you help.

Are YOU a Carer?  Yes /  No

Do you HAVE a Carer?  Yes /  No

>> admin; if answer is yes to either question, please pass form to Chris Sheridan

### Alcohol Screening

It is a government priority to address the issue of illness associated with increasing alcohol consumption. We are screening all newly registered patients aged 16 and over using a shortened version of the **World Health Organisation (WHO) Alcohol Use Disorders Identification Test (AUDIT) C** questionnaire. If you score **more than 5**, please complete the second longer AUDIT questionnaire to determine hazardous, harmful or likely dependant drinking. Please tick the boxes that apply to you. If you never drink please tick here .

### Alcohol Users Disorders Identification Test (AUDIT) C

Questions	Scoring System					Score
	0	1	2	3	4	
How often do you have a drink that contains alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 8	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
<b>Scoring:</b> A total of 5+ indicates hazardous or harmful drinking					<b>Total Score</b>	

1 unit = a single measure of spirits

2 units = glass of wine or pint of regular beer/lager/cider

1.5 units = a can of larger or alcopop

9 units = bottle of wine

### Alcohol Users Disorders Identification Test (AUDIT)

Questions	Scoring System					Score
	0	1	2	3	4	
How often do you have a drink that contains alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 8	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you found you were not able to stop drinking once you had started?	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	
How often in the last year have you needed an alcoholic drink in the morning to get you going?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you had a feeling of guilt or regret after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
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	
Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
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	
<b>Scoring:</b>	0 - 7 16 - 19	= sensible drinking = harmful drinking	8 - 15 20+	= hazardous drinking = possible dependence	<b>Total Score</b>	