

**IMPERIAL COLLEGE HEALTH CENTRE**  
**All patients registering with us as their NHS GP**  
**Please complete ALL SECTIONS in BLOCK CAPITALS**

For office use only  
 EMIS no:  
 Initials:  
 Date:

**PERSONAL DETAILS**

<sup>1</sup>Sex  Male  Female      <sup>2</sup>Title  Mr  Mrs  Other .....  
 Miss  Dr

<sup>3</sup>Family Name .....

<sup>4</sup>Calling Name .....

<sup>5</sup>ALL your First Names .....

<sup>6</sup>Previous Family Name .....

<sup>7</sup>Date of Birth 

day	month	year	year	year	year

<sup>8</sup>NHS Number (As stated on medical card)  
 If not known, where possible please ask your current GP for this. Without it registration will take longer.      Please note this is NOT your National Insurance Number

**ADDRESS IN LONDON**

<sup>9</sup>Room or Flat Number 

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 Flat number or Room number if in Halls. (NOT property number)

<sup>10</sup>House/Hall Name .....

<sup>11</sup>Number and Street .....

<sup>12</sup>Post Code .....

<sup>13</sup>Mobile Tel .....

<sup>14</sup>Land Line .....

<sup>15</sup>Email .....

<sup>16</sup>Internal (IC) Tel Number .....

**<sup>17</sup>ETHNICITY**

- White British
- White other
- Black Caribbean
- Black African
- Black other
- Chinese
- Asian Indian
- Asian Bangladeshi
- Asian Pakistani
- Asian other
- White + Asian
- White + Black Caribbean
- White + Black African
- Other Mixed Ethnicity
- Other Ethnic Group
- Decline to say

**Patients born in the UK**

(Details from before coming to Imperial/RCM)

<sup>18</sup>Town of birth .....  
If in London please give DISTRICT e.g. Ealing

**YOUR PREVIOUS ADDRESS**

<sup>19</sup>House No &

<sup>20</sup>Street Name .....

<sup>21</sup>Town .....

<sup>22</sup>Post Code .....

**YOUR PREVIOUS GP**

<sup>23</sup>Name of most recent GP .....

<sup>24</sup>Address .....  
Address of most recent GP

**Patients born outside the UK**

(Details from before coming to Imperial/RCM)

<sup>18</sup>Country of birth .....

<sup>19</sup>Date of entry into UK 

day	month	year	year	year	year

**IF YOU HAVE PREVIOUSLY BEEN REGISTERED WITH A UK DOCTOR (GP)**

<sup>20</sup>Name of most recent UK GP .....

<sup>21</sup>Address .....  
Address of most recent UK GP

**YOUR ADDRESS when registered with them**

<sup>22</sup>House No & Street Name .....  
Your address when registered with most recent UK GP

<sup>23</sup>Town .....

<sup>24</sup>Post Code .....

<sup>25</sup>Signature .....      <sup>26</sup>Date 

day	month	year	year	year	year

If you are interested in being placed on the donor register, please speak to a member of staff.

Form GMS1

**NHS GP Registration**

Updated 8/08 DH

www.imperialcollegehealthcentre.co.uk

# IMPERIAL COLLEGE HEALTH CENTRE HEALTH QUESTIONNAIRE

Please complete ALL SECTIONS in BLOCK CAPITALS

## PERSONAL DETAILS ALL PATIENTS

1 Title  Mr  Miss  Other .....  
 Mrs  Dr

2 Family Name .....

3 Forenames .....

4 Calling Name .....

5 Date of Birth 

day	month	year							

6 Sex  Male  Female  
7 Marital Status  Single  Married

8 Occupation .....

Question 9 →

10 Address in London 

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11 Flat number or Room number if in Halls .....

.....

.....

.....

12 Post Code .....

Questions 13 to 19 →

20 Mobile Tel ..... 21 Land Tel .....

22 E-mail .....

## ETHNICITY ALL PATIENTS

- White British
- White other
- Black Caribbean
- Black African
- Black other
- Chinese
- Asian Indian
- Asian Bangladeshi
- Asian Pakistani
- Asian other
- Mixed ethnicity:
  - White + Asian
  - White + Black Caribbean
  - White + Black African
  - Other mixed ethnicity
  - Other ethnic group
  - Decline to say

## STUDENTS AND STAFF only

13  Imperial College  
Department .....

Campus.....

Royal College of Music

14 Status  Undergraduate

Postgraduate

Staff

Family of .....  
FULL name of student/staff

15 Year of Entry .....

16 Expected length of course/appointment ..... mths/yrs

### NEXT OF KIN

Please provide details of a friend or relative we can contact in case of an emergency..

18 Name .....

Relationship .....

Contact Tel.....

## LIFESTYLE INFORMATION - ALL PATIENTS - Please tick as appropriate

23a SMOKING  I have never smoked  I am a current smoker →  I am an ex-smoker →  
Amount per day ..... 23b.....  
*Smoking damages your health. Did you know that it can make you impotent, it reduces your orgasmic potential and it increases your risk of cervical cancer - Give it up!*

24 ALCOHOL CONSUMPTION [1 pint of premium beer = 2.5 units] [single measure spirit = 1 unit] [1 glass of wine = 1 unit] [1 pint of beer = 2 units] [1 alcopop = 1.5 units]  
 I do not drink  On average I drink ..... units/week  
*The recommended maximum is Men 21 units per week Women 14 units per week If you drink more than this, cut down!*

25 DIET  Meat-eater  Vegetarian  Vegan *Aim to eat 5 portions of fruit and vegetables a day.*

26 HEIGHT .....metres/feet

27 WEIGHT .....kilograms/stone

Question 28 →

28 EXERCISE On average each week I do  
 No regular exercise  1 to 3 x 20min sessions [20 minutes of walking = 1 session]  More than 3 x 20min sessions  I am a competitive athlete  
*If you would like advice on a weight problem please make an appointment with the practice nurse.*

## FEMALE PATIENTS ONLY - We offer a full range of contraceptive services – please make an appointment to see a nurse

29 Current method of contraception  Not needed  Long Acting Reversible Contraception  
 Condoms  Oral Contraceptive Pill

CERVICAL SMEARS [Also called PAP tests] *A smear is a test on well women to detect early signs of cervical cancer. It is recommended for all women aged 25 - 65yr, every 3 years.*

30 25yr olds and over  My last smear test was on 

day	month	year							

  
- at  NHS GP  UK Private  
 NHS Hospital  Abroad  
- result  Normal  Other .....

I have never had a cervical smear test If over 25yrs, please ask to speak to the nurse.

I had a hysterectomy on 

day	month	year							

**Under 25yr olds** Smears are not usually recommended under 25yr, but IF you have had one please complete this section.

34 **MEDICAL HISTORY** Please tick if you have ever suffered from any of the following problems

If you have ever suffered from any of these you may be contacted for a health check when you register (see below).

- |   |  |
|---|--|
| <input type="checkbox"/> Cancer                     | <input type="checkbox"/> Kidney disease  |
| <input type="checkbox"/> Diabetes                   | <input type="checkbox"/> Lung disease    |
| <input type="checkbox"/> Epilepsy                   | <input type="checkbox"/> Mental illness  |
| <input type="checkbox"/> High blood pressure        | <input type="checkbox"/> Stroke or TIA   |
| <input type="checkbox"/> Heart disease              | <input type="checkbox"/> Thyroid disease |
| <input type="checkbox"/> Hepatitis or liver disease | <input type="checkbox"/> Tuberculosis    |

If you are CURRENTLY ON TREATMENT for any of these you may need a health check when you register(see below).

- Are you CURRENTLY on treatment for this?
- |  |                             |                              |
|--|-----------------------------|------------------------------|
| <input type="checkbox"/> Stress, anxiety or depression → | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Asthma →                        | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Eating problems →               | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Stomach or bowel disease →      | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

If any of the above apply to you, or if you have any other health problem, please give details (describe problems, when they occurred, treatment received, whether they still exist).

35 **CURRENT MEDICATION** (Including contraceptive pills, inhalers, HRT, medications from the chemist, herbal and homeopathic medicines)

36 **ALLERGIES** (e.g. drugs, hay fever, Elastoplast)

Question 36 →

37 **DISABILITY** Do you suffer from any disability which may require special treatments or facilities?

38 **FAMILY HISTORY** Family member

- Breast Cancer .....  
 Ovarian Cancer .....  
 Bowel Cancer .....  
 Asthma .....  
 Diabetes .....  
 Glaucoma .....

- Heart Attack aged under 60yrs .....  
 Angina aged under 60yrs .....  
 Stroke aged under 60yrs .....

Family member

39 Do you have any children?  
 (Give age, gender and whether or not they live with you)

Question 39 →

40 **VACCINATIONS**

↓ Tick if you are SURE you have had these

If you know the date, write it here. Otherwise just be as accurate as you can.

- |                                       |                      |                      |                      |
|---------------------------------------|----------------------|----------------------|----------------------|
| <input type="checkbox"/> MMR 1st      | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|                                       | day                  | month                | year                 |
| <input type="checkbox"/> MMR 2nd      | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|                                       | day                  | month                | year                 |
| <input type="checkbox"/> Meningitis C | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|                                       | day                  | month                | year                 |

You need to be SURE you have had all THREE of these vaccinations. If you have not, or you are unsure, please ask a member of staff.

**THESE VACCINATIONS ARE FREE\***

\*The Meningitis C Vaccination is only available free for patients under 25 years old.

For children under 6yrs please ask for a separate form

**HEALTH CHECKS** You may be asked to have a health check when you register if:

- you are registering with us for National Health Service GP care
- have any ongoing medical problems OR
- have a significant medical history (see above) OR
- take regular medication OR
- are over 40yrs of age OR
- are a local resident (i.e. not affiliated with Imperial College or RCM)

41 **Signature** ..... 42 **Date**

**Chlamydia**

Chlamydia is the most commonly diagnosed sexually transmitted infection (STI) in the UK; affecting both men and women. Most people who have it will have no symptoms, without a test you will probably not know anything is wrong. If you are sexually active and under 25 you should be tested for Chlamydia annually.

**Would you be interested in taking the free simple test?**

Yes  No

Office use only

OK to go

Asked to supply further information

Advised requires vaccination

Needs health check

Updated 7/11 GB  
Office use only

www.  
imperialcollegehealthcentre  
.co.uk

Take this form to the Health Centre.  
**Even if you do not normally need to see the doctor**  
 it is important to do this  
**AS SOON AS POSSIBLE**  
 to allow us to obtain your notes before you need us.

Imperial College Health Centre  
 40 Prince's Gardens  
 London SW7 1LY  
 healthcentre@imperial.ac.uk  
 +44 (0)20 7584 6301

## Alcohol Questionnaire (Section 1)

**Name:**

**Date of Birth:**

**Please complete this form and return to Imperial College Health Centre.**

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

**Scoring:**

A total of 5+ indicates increasing or higher risk drinking.

If your score is more than 5, you will be asked to complete a further questionnaire.

This questionnaire will give you an indication of your alcohol dependence.

**Alcohol Units:**

1 pint of premium beer = 2.5 units

1 pint of beer or cider = 2 units

1 alcopop = 1.5 units

Single measure of spirit = 1 unit

1 small glass of wine = 1 unit



**For Office Use Only**

EMIS Number:

Score Checked and appropriate action taken:

Initials

Date

# PATIENT/PRACTICE AGREEMENT FOR IMPERIAL COLLEGE HEALTH CENTRE

Please read this carefully

## Welcome to Imperial College Health Centre

We aim for a very high standard of medical care for all patients in a calm and pleasant atmosphere. To this end, we propose the following agreement, which we hope will encourage a good relationship between the Imperial College Health Centre team and you, the patient.

### **THE PRACTICE**

- Aims to provide the highest quality of medical services possible, within the limits set by the NHS.
- Will provide access to the Practice Doctors and Nurses through a combination of booked appointments and triage clinics.
- Will aim to see our patients for routine matters within two weeks.
- Will provide Triage clinics and Nurses' walk-in clinics at set times each weekday morning and every afternoon except Tuesday.
- All practice staff will treat all patients in a courteous, caring and respectful manner.
- Upon arrival, patients will be welcomed and their needs attended to as quickly as possible.
- Will provide a clean and safe environment in which patients may wait and receive medical attention.
- Whilst we aim to keep our appointment times, some medical problems do take longer than the allocated 10 minutes. In the event that a clinic is running late you will be informed via our information screens in the waiting area, and kept updated as to the progress of the clinic.
- All patients' medical confidentiality will be respected by all members of the Health Centre staff.
- Should you wish to make a formal complaint in line with our complaints procedure, we assure you that it will not compromise your medical care.

### **THE PATIENT**

- Will attend appointments punctually and inform the Practice as early as possible (preferably at least 24 hours in advance) should you need to cancel your appointment. Patients arriving late for their appointments may be asked to rebook.
- Will treat all Health Centre Staff and other patients with courtesy at all times.
- Will respect the comfort and wellbeing of others by refraining from using audio personal stereos and other electronic equipment, as well as mobile telephones whilst in the Health Centre. Smoking and consuming alcohol, intoxicant or illegal drugs is strictly forbidden in the Health Centre. Animals may not be brought into the Health Centre, except for registered guide dogs.

### **ADDITIONAL NOTES**

The Practice reserves the right to remove patients from their list. Should removal take place, the patient will be informed why this has been done.

The practice has a zero tolerance policy for physical and verbal aggression towards their staff and other patients. Any patient using threatening language and/or behaviour will be removed from the list and reported to either the police or appropriate College authorities.

Patients who persistently fail to attend appointments will be removed from our list.

We welcome comments and suggestions from patients on the services we provide. Please contact the Operational Practice Manager. Contact details can be obtained from the waiting room, from the reception or from our website [www.imperialcollegehealthcentre.co.uk](http://www.imperialcollegehealthcentre.co.uk)

Signature of Patient..... Date .....