

## STUDENT QUESTIONNAIRE AND CONTACT PREFERENCES

### 1. Contact information

Surname..... Forename..... Mr/Mrs/Miss/Ms/Other.....

Date of birth (dd/mm/yy) ..... Gender: Female / Male / Non-binary / Another term: .....

**Term time address:** House No ..... Room No ..... Hall Name .....

Other: ..... Postcode: .....

House Telephone No ..... UK Mobile Telephone No .....

Expected end date of Course ..... University Email address ..... @st-andrews.ac.uk

### 2. Who is your next of kin?

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile no.: \_\_\_\_\_

### 3. Do you have any allergies to any substances/medications? Yes No If Yes, please state below:

Allergy \_\_\_\_\_ Reaction \_\_\_\_\_

Allergy \_\_\_\_\_ Reaction \_\_\_\_\_

Allergy \_\_\_\_\_ Reaction \_\_\_\_\_

### 4. Are you taking any regular prescribed medicines (incl. contraception) Yes No If yes, please provide a copy of your repeat prescription form from your previous surgery. If unavailable, please list your current medications and doses.

Name \_\_\_\_\_ Dose \_\_\_\_\_

Name \_\_\_\_\_ Dose \_\_\_\_\_

Name \_\_\_\_\_ Dose \_\_\_\_\_

### 5. Have you any current medical problems requiring ongoing treatment? Yes No

a) \_\_\_\_\_ b) \_\_\_\_\_

c) \_\_\_\_\_ d) \_\_\_\_\_

e) \_\_\_\_\_ f) \_\_\_\_\_

### 6. Is there any other health issue you would like us to know about? Yes No

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### 7. Smoking

Do you smoke? Yes  No  If yes, how many a day? \_\_\_\_\_

Are you an ex-smoker? Yes  No  If yes, when did you stop? \_\_\_\_\_

## CONTACT INFORMATION AND CONSENT TO TEXT MESSAGING AND EMAILS

**Please complete this form and return it to the Practice.**

Name..... DOB.....

House telephone number..... UK Mobile number.....

University Email address..... @st-andrews.ac.uk

The Practice can contact me by text (please tick) YES  NO

The Practice can contact me by email (please tick) YES  NO

The telephone numbers and/or email address is shared with another person (please specify below)

I confirm I understand what is being asked of me and that if a mobile number or email address is shared with another person, I understand that person will have access to information sent by the Practice by text or email, for example appointment reminders.

Signed.....

The Practice will update your records in line with your wishes. You can contact us at any time if you wish to make any changes.