EMIS Number (for UMC use only)

UNIVERSITY MEDICAL CENTRE
CONFIDENTIAL
Please complete in FULL using BLOCK CAPITALS

Title:	Surname:	Forename:	
DOB:		Gender:	□ Male □ Female
Town & Country of Birth:		Length of Course	
Address in Bath:			
Contact Nos:	Home:	Mob:	
Email:			
Department:			
Next of Kin			
Name:		Tel No:	
Address			

Please tick if you suffer from any of the following:			
Asthma (needing inhalers in the last year)		Angina	
Diabetes		Stroke	
Epilepsy		Mini-strokes/TIAs	
Under-active thyroid (hypothyroidism)		Heart Failure	
Severe depression needing treatment		Cancer	
Severe anxiety needing treatment		Emphysema	
Serious mental health problems		Raised blood pressure needing treatment	
Anorexia Nervosa		Heart disease	
Bulimia Nervosa			

Do you have any other medical problems not listed above?
Are you taking any medication currently?
Are you allergic to any medications?
Do you have any other allergies?

Are you registered disabled?	Yes □	No □	
Are you a carer for anyone?	Yes □	No □	
Do you smoke?	Never □	Ex-smoker □	Current smoker □