

The University Health Centre

Title.....Surname/Family Name.....

Forenames..... Date of Birth

Male/Female Town/Country of birth.....

Home Address including postcode (Huddersfield Address)

.....

.....

Telephone/Mobile Number

Email address

Name and address of previous GP.....

Your Previous Address in UK

If you are from Abroad: *Your first UK address where registered with a GP*

.....

Date you first came to live in UK.....

Next of Kin (Please give name and relationship of the person you would like us to contact in an emergency)

Name Relationship.....

Address.....

Telephone number.....

Are you connected with the University? (Please circle which applies to you)

**STUDENT / STAFF / FAMILY MEMBER OR PARTNER OF A STUDENT /
NO UNIVERSITY CONNECTION**

Have you previously been registered with the forces? Yes/No

Do you hold a European Health Insurance Card? Yes/No

By signing below, you are declaring that the information contained within this patient registration form is accurate to the best of your knowledge.

Signature of patient:..... Date:.....