

**Student Health Services Registration Form**

**Email to: studenthealthservices@itsligo.ie**

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***Student Health Service records are treated in strict confidence and are not part of general IT Sligo Student records***

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**SECTION A – PERSONAL DETAILS**

**Surname:  First Name: **

**Sex:** [ ] **Male** [ ] **Female Was this the gender you were assigned at birth?** [ ] **Yes** [ ] **No**

**Student ID Number:  PPS Number: **

**Sligo Address: **

**Sligo Eircode: **

**Home Address: **

**Home Eircode:  D.O.B: **

**Mobile Number:  Home Phone Number: **

**Do you give permission for us to text your mobile?** [ ] **Yes** [ ] **No**

**Do you have a Medical Card:** [ ] **Yes** [ ]  **No**

**Medical Card Number:  Medical Card Expiry Date** Click or tap to enter a date.

**Do you have an E111 Card:** [ ]  **Yes** [ ] **No - If yes, please attach copy of your card with this form.**

**Next of Kin (i.e Mother, Father etc) **

**Next of Kin Address: **

 **Next of Kin contact number: **

 **GP Name: **

**GP Address: **



**SECTION B –MEDICAL DETAILS**

**Are you currently on any Medication:** [ ]  **Yes** [ ]  **No**

**List Medication & Dosage: **

**Medical History: **

**Surgical History: **

**Psychological History: **

**Family History: **

**Allergies:** [ ]  **Yes** [ ]  **No If yes, what allergy? **

**Do you smoke?** [ ]  **Yes** [ ]  **No If yes, how many a day? **

 **Do you drink alcohol?** [ ]  **Yes** [ ]  **No If yes, how many units a week? **

 **Do you take drugs?** [ ]  **Yes** [ ]  **No If yes, what type of drugs? **

 **Any Additional information**

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**Please email your completed form to** **studenthealthservices@itsligo.ie**

**prior to your appointment.**