

**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.**

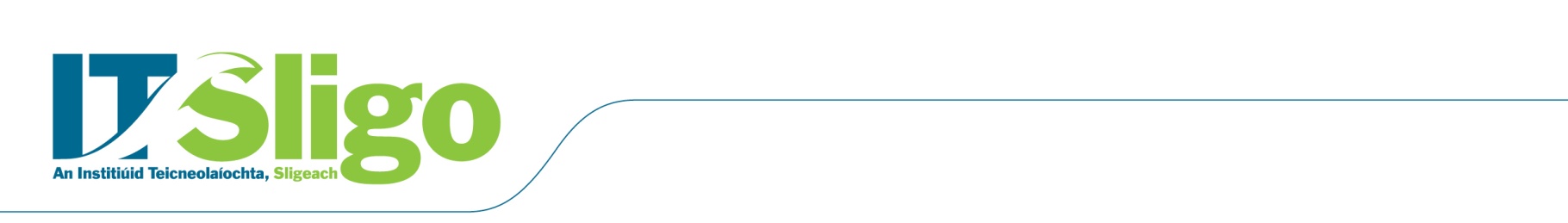
**Next of Kin (i.e Mother, Father etc) **

**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**](mailto:studenthealthservices@itsligo.ie)

**prior to your appointment.**