ENROLMENT FORM

Cornwall Medical Centre
790 Manukau Rd
P O Box 24-401
Royal Oak
Ph 09 625 3140
www.cornwallmedical.co.nz

Fields shaded are compulsory		NHI *(Office use only)*

Name	(Title)	Given Name	Middle name/Other Given Name(s)	Family Name
Preferred Name			**Other Names (eg. Maiden name)**	
Birth Details		Day / Month / Year of Birth	Place of Birth	Country of birth
Gender		☐ Male ☐ Female	☐ Gender diverse (please state)	Occupation
Usual Residential Address		House (or RAPID) Number and Street Name	Suburb/Rural Location	Town / City and Postcode
Postal Address (if different from above)		House Number and Street Name or PO Box Number	Suburb/Rural Delivery	Town / City and Postcode
Contact Details		Mobile Phone	Home Phone	Email Address
Emergency Contact		Name	Relationship	Mobile (or other) Phone
Transfer of Records		*In order to get the best care possible, I agree to the Practice obtaining my records from my previous Doctor. I also understand that I will be removed from their practice register.*		
		☐ Yes, please request transfer of my records	☐ No transfer	☐ Not applicable
		Previous Doctor and/or Practice Name	Address / Location	
		Signature		

Do you agree to receive text messages?	☐ Yes ☐ No
Community Services Card	☐ Yes ☐ No
Day / Month / Year of Expiry	Card Number
High User Health Card	☐ Yes ☐ No
Day / Month / Year of Expiry	Card Number
Do you Smoke?	☐ Yes ☐ No (ex-smoker) ☐ Never

Ethnicity Details
Which ethnic group(s) do you belong to?
Tick the space or spaces which apply to you

- ◯ New Zealand European
- ◯ Maori*
- ◯ Samoan
- ◯ Cook Island Maori
- ◯ Tongan
- ◯ Niuean
- ◯ Chinese
- ◯ Indian
- ◯ Other (such as Dutch, Japanese, Tokelauan). Please state

* Iwi (If known)

I wish to enrol with Dr Steven Tan

An Lim, Carmel Built, Patricia Reeves, Peter Zink, Steven Tan, Vincent Chan, Wee Ling Khoo

PLEASE TURN OVER AND COMPLETE THE REVERSE

My declaration of entitlement and eligibility

I am entitled to enrol because I am residing permanently in New Zealand. *The definition of residing permanently in NZ is that you intend to be resident in New Zealand for at least 183 days in the next 12 months*	☐

I am eligible to enrol because:

a	**I am a New Zealand citizen** *(If yes, tick box and proceed to **I confirm that, if requested, I can provide proof of my eligibility** below)*	☐

If you are <u>**not**</u> **a New Zealand citizen** please tick which eligibility criteria applies to you (b–j) below:

b	I hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010)	☐
c	I am an Australian citizen or Australian permanent resident AND able to show I have been in New Zealand or intend to stay in New Zealand for at least 2 consecutive years	☐
d	I have a work visa/permit and can show that I am able to be in New Zealand for at least 2 years (previous permits included)	☐
e	I am an interim visa holder who was eligible immediately before my interim visa started	☐
f	I am a refugee or protected person OR in the process of applying for, or appealing refugee or protection status, OR a victim or suspected victim of people trafficking	☐
g	I am under 18 years and in the care and control of a parent/legal guardian/adopting parent who meets one criterion in clauses a–f above **OR** in the control of the Chief Executive of the Ministry of Social Development	☐
h	I am a NZ Aid Programme student studying in NZ and receiving Official Development Assistance funding (or their partner or child under 18 years old)	☐
i	I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme	☐
j	I am a Commonwealth Scholarship holder studying in NZ and receiving funding from a New Zealand university under the Commonwealth Scholarship and Fellowship Fund	☐

I confirm that, if requested, I can provide proof of my eligibility	☐	Evidence sighted (*Office use only*)

My agreement to the enrolment process

NB. Parent or Caregiver to sign if you are under 16 years

I intend to use this practice as my regular and on-going provider of general practice / GP / health care services.

I understand that by enrolling with this practice, I will be included in the enrolled population with the Primary Health Organisation (PHO) this practice belongs to, and my name address and other identification details will be included on the Practice, PHO and National Enrolment Service Registers.

I understand that if I visit another health care provider where I am not enrolled I may be charged a higher fee.

I have been given information about the benefits and implications of enrolment and the services this practice and PHO provides along with the PHO's name and contact details.

I have read and I agree with the Use of Health Information Statement. The information I have provided on the Enrolment Form will be used to determine eligibility to receive publicly-funded services. Information may be compared with other government agencies, but only when permitted under the Privacy Act.

I understand that the Practice participates in a national survey about people's health care experience and how their overall care is managed. Taking part is voluntary and all responses will be anonymous. I can decline the survey or opt out of the survey by informing the Practice. The survey provides important information that is used to improve health services.

I agree to inform the practice of any changes in my contact details and entitlement and/or eligibility to be enrolled.

Signatory Details	Signature	Day / Month / Year	☐ Self-Signing	☐ Authority

An authority has the legal right to sign for another person if for some reason they are unable to consent on their own behalf.

Authority Details *(where signatory is not the enrolling person)*	Full Name	Relationship	Contact Phone
	Basis of authority (e.g. parent of a child under 16 years of age)		

<u>PLEASE TURN OVER AND COMPLETE THE REVERSE</u>

Health Information Privacy Statement

It is compulsory for general practices to ask you to read and agree to this statement before signing the enrolment form. Once you have read it, please tick the corresponding box on your enrolment form and sign it.

I understand the following:

Access to my health information

I have the right to access (and have corrected) my health information under Rules 6 and 7 of the Health Information Privacy Code 1994.

Visiting another GP

If I visit another GP who is not my regular doctor I will be asked for permission to share information from the visit with my regular doctor or practice.

If I have a High User Health Card or Community Services Card and I visit another GP who is not my regular doctor, he/she can make a claim for a subsidy, and the practice I am enrolled in will be informed of the date of that visit. The name of the practice I visited and the reason(s) for the visit will not be disclosed unless I give my consent.

Patient enrolment information (enrolled patients only)

The information I have provided on the Practice enrolment form will be:

- held by the practice
- used by the Ministry of Health to give me a National Health Index (NHI) number, or update any changes
- sent to the PHO and Ministry of Health to obtain subsidised funding on my behalf
- used to determine eligibility to receive publicly funded services. Information may be compared with other government agencies but only when permitted under the Privacy Act.

Health information

Members of my health team may:

- add to my health record during any services provided to me and use that information to provide appropriate care
- send relevant health information to other health professionals who are directly involved in my care.

Audit

In the case of financial audits, my health information may be reviewed by an auditor for checking a financial claim made by the practice, but only according to the terms and conditions of section 22G of the Health Act (or any subsequent applicable Act). I may be contacted by the auditor to check that services have been received. If the audit involves checking on health matters, an appropriately qualified health care practitioner will view the health records.

Health programmes

Health data relevant to a programme in which I am enrolled (e.g., breast screening, immunisation, diabetes) may be sent to the PHO or the external health agency managing this programme.

Other uses of health information

Health information which will not include my name but may include my National Health Index Identifier (NHI) may be used by health agencies such as the district health board, Ministry of Health or PHO for the following purposes, as long as it is not used or published in a way that can identify me:

- health service planning and reporting
- monitoring service quality
- payment.

Research

My health information may be used for health research, but only if this has been approved by an Ethics Committee and will not be used or published in a way that can identify me.

Except as listed above, I understand that details about my health status or the services I have received will remain confidential within the medical practice unless I give specific consent for them to be communicated.

Please turn overleaf for further information

How do I enrol?

To enrol you must be eligible and complete the accompanying enrolment form at the general practice of your choice.

What are the enrolment criteria?

To enrol as a permanent patient, you must meet one of the eligibility criteria listed below.

I am eligible to enrol because **I am residing permanently in New Zealand*** and meet one of the following criteria:

a. I am a New Zealand citizen **OR**

b. I hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010) **OR**

c. I am an Australian citizen or Australian permanent resident AND able to show I have been in New Zealand or intend to stay in New Zealand for at least 2 consecutive years **OR**

d. I have a work visa/permit and can show that I am able to be in New Zealand for at least 2 years (previous permits included) **OR**

e. I am an interim visa holder** who is eligible immediately before my interim visa started **OR**

f. I am a refugee or protected person OR in the process of applying for, or appealing refugee or protection status, OR a victim or suspected victim of people trafficking **OR**

g. I am under 18 years and in the care and control of a parent/legal guardian/adopting parent who meets one criterion in clauses a-f above **OR**

h. I am 18 or 19 years old and can demonstrate that, on the 15 April 2011, I was the dependant of an eligible work permit holder **OR**

i. I am a NZ Aid Programme student studying in NZ and receiving Official Development Assistance funding*** (or their partner or child under 18 years old) **OR**

j. I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme **OR**

k. I am a Commonwealth Scholarship holder studying in NZ and receiving funding from a New Zealand university under the Commonwealth Scholarship and Fellowship Fund.

I confirm that, if requested, I can provide proof of my eligibility.

These eligibility criteria are repeated on your enrolment form and you will be asked to tick the one that applies to you.

For further information about eligibility please refer to www.moh.govt.nz/eligibility.

Other situations where you may be asked to sign an enrolment form:

Casual patient

If you do not meet the enrolment criteria and wish to be a casual patient, please complete the relevant parts of the enrolment form.

Enrolling children (under 16 years)

Parents can enrol and sign for children under 16 years of age, but children 16 years or over must sign their own form.

Enrolling on someone else's behalf (other than children)

In some circumstances you may sign for another person if for some reason they are unable to consent on their own behalf. This is referred to as Signed by Authority.

An Authority is the legal right to sign for another person.

FAQs:

What happens if I go to another general practice?

You can go to another general practice or change to a new general practice at any time. If you are enrolled in a PHO through one general practice and visit another practice as a casual patient you will pay a higher fee for that visit. So if you have more than one general practice you should consider enrolling with the practice you visit most often.

What happens if the general practice changes to a new PHO?

If the general practice changes to a new PHO the practice will make this information available to you.

What happens if I am enrolled in a general practice but don't see them very often?

If you have not received services from your general practice in a three-year period it is likely that the practice will contact you and ask if you wish to remain with the practice. If you are not able to be contacted or do not respond, your name will be taken off the Practice and PHO Enrolment Registers. You can re-enrol with the same general practice or another general practice and the affiliated PHO at a later time.

**The definition of residing in NZ is that you intend to be resident in New Zealand for at least 183 days in the next 12 months.*

***If a person has an interim visa this means they are waiting for Immigration to finish processing an application (as Immigration issues an interim visa if the old visa has run out but the new visa is still being processed). For example, a person may have had a two year work permit and has been issued with an interim visa while waiting for their application for another two year work permit to be processed. Immigration usually issue interim visas in a letter form.*

**** Funded by NZAID or ODA programme or funded by NZ Universities as a Commonwealth Scholarship holder.*

Cornwall Medical Centre

790 Manukau Road, Royal Oak, Auckland 1023

P O Box 24 401, Royal Oak, Auckland 1345

Ph 09 625 3140 Fax 09 625 3142 **Healthlink: cornwall**

Cornwall Medical Centre

Request for Notes from another Surgery

Date ________________

I/We request that my/our medical records are transferred to

Dr _____________________ at Cornwall Medical Centre

Name	D.O.B.	NHI	Signature

Notes requested from previous Dr ______________________________

Name of previous Doctor's Surgery ______________________________

Address of previous Surgery ______________________________

Fax Number ______________________ Phone Number ______________________

Electronic Notes Transfer: GP2GP Capable

NZMC Numbers		
	Dr An Lim	51418
	Dr Carmel Built	12944
	Dr Patricia Reeves	60780
	Dr Peter Zink	13122
	Dr Steven Tan	38474
	Dr Vincent Chan	38152
	Dr Wee Ling Khoo	14117

(To be completed by your previous Dr's Practice Manager)

Are there any outstanding monies owed to your practice by this patient? Yes/No

Cornwall Medical Centre **New Patient Medical Questionnaire**

Please complete one form for <u>each member</u> of your family over 16yrs and hand back to reception

Name:______________________________________ **DOB:** ____ / ____ / ____

1. Do you have any, or have had any of the following medical problems?, or is there a family history of the following:

	Self	**Family**		**Self**	**Family**
Diabetes	☐ Yes	☐ Yes	Blood clot	☐ Yes	☐ Yes
High blood pressure	☐ Yes	☐ Yes	Stroke	☐ Yes	☐ Yes
Heart disease or problems	☐ Yes	☐ Yes	High cholesterol	☐ Yes	☐ Yes
Heart Attack <60yr >60yr	☐ Yes	☐ Yes	Migraine	☐ Yes	☐ Yes
Asthma	☐ Yes	☐ Yes	Epilepsy	☐ Yes	☐ Yes
Other lung or respiratory disease or problems	☐ Yes	☐ Yes	Breast cancer	☐ Yes	☐ Yes
Kidney disease or problems	☐ Yes	☐ Yes	Other cancer	☐ Yes	☐ Yes
Liver disease or Hepatitis	☐ Yes	☐ Yes	Glaucoma	☐ Yes	☐ Yes
Bowel disease or problems	☐ Yes	☐ Yes	Rheumatic Fever	☐ Yes	☐ Yes
Joint disease or problems, arthritis	☐ Yes	☐ Yes	Tuberculosis (TB)	☐ Yes	☐ Yes
Depression and/or anxiety	☐ Yes	☐ Yes	Eczema	☐ Yes	☐ Yes
Other mental health illnesses	☐ Yes	☐ Yes	Hay Fever	☐ Yes	☐ Yes
Brief details please if you have ticked yes:					

2. Do you have any **other health, disability problems or inherited conditions**? – *please list*

3. Please list any **regular medications** that you take

4. Have you had any **operations?** ☐ Yes ☐ No *If **yes**, please list*

5. Are you **allergic** to any medications? ☐ Yes ☐ No *If **yes**, please list*

6. Do you **smoke?** ☐ No ☐ Yes If yes, how many / day ____________________
If Yes - would you like help to **quit smoking** ☐ Yes ☐ No

Have you ever smoked ☐ No ☐ Yes If yes, how much and for how long ________________________
when did you give up______________________

7. Do you drink **alcohol?** ☐ No ☐ Yes If yes, on average , how much / week ________________________
and what type_____________________________

8. Do you have any **substance abuse** problems? ☐ Yes ☐ No

9. <u>Women:</u> (*those over 20 years*)
When was your most recent cervical smear? _____________________
Have you ever had an abnormal smear? ☐ Yes ☐ No ☐ Don't know

Have you had a mammogram (*those over 40 years*)? ☐ No ☐ Yes If Yes, when?________

10. When was your last **Tetanus booster**? _____________________

11. Are your **childhood immunisations** up to date? ☐ Yes ☐ No ☐ Don't know

Signed:_____________________________ __ Date:_____________________________

If you enrolled and requested your medical notes to be transferred from your previous GP we wish to advise you that we will hold these securely for reference only. The notes will not be specifically reviewed unless you request us to, or unless the Doctor feels that your medical history warrants this. ***Please be careful to disclose all important medical/surgical/psychiatric information.***

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ConnectMed Patient Portal Registration Form

Full name ______________________________

Date of birth ______________________________

Email Address ______________________________

(Each person that uses portal must have their own unique email address)

Cell phone number ______________________________

(If you do not have a cell phone, then daytime contact number)

I request Option 1 / Option 2 / Option 3

(Please Circle choice and delete other options)

	Online access to book appointments and order repeat prescription.	*Online access to see your laboratory results.*
Option 1 **Full Online access**	✓	✓
Option 2 **Limited online access**	✓	✗
Option 3 **No online access**	✗	✗

Practice office use only:

Patient NHI ______________________

Known to practice [ ] if not, photo ID sighted [ ]

Portal activated [ ]

Lab results module activated/deactivated [ ]