# 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 |
| **Ethnicity Details** Which ethnic group(s) do you belong to? ***Tick the space or spaces which apply to you*** | ○ New Zealand European<br>○ Maori*<br>○ Samoan<br>○ Cook Island Maori<br>○ Tongan<br>○ Niuean<br>○ Chinese<br>○ Indian<br>○ Other (such as Dutch, Japanese, Tokelauan). Please state<br>* Iwi (If known) | **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 |
| | | **I wish to enrol with Dr** | Alka Kheterpal (Hemant Kheterpal) | |
| | | **Peter Zink, Wee Ling Khoo, Jacqueline Tam, Vincent Chan, An Lim, Steven Tan, Hemant Kheterpal, Stephanie Tovey, Alka Kheterpal** | | |

## My declaration of entitlement and eligibility

| | |
|---|---|
| **I am entitled to enrol** because I am residing permanently in New Zealand.<br>*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 **not 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**<br>*(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) | | |

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**

## 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 Stephanie Tovey | 76142 |
| | Dr Alka Kheterpal | 74195 |
| | Dr Hemant Kheterpal | 70471 |
| | Dr Jacqui Tam | 18165 |
| | 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

# Cornwall Medical Centre

# ConnectMed Patient Portal Registration Form

**Full name** _____

**Date of birth** _____

**Email Address** _____

*(Each person that uses portal must have their own unique email address and be 16+ years old)*

**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**<br>**Full Online access** | ✓ | ✓ |
| **Option 2**<br>**Limited online access** | ✓ | ✗ |
| **Option 3**<br>**No online access** | ✗ | ✗ |

**Practice office use only:**

Patient NHI _____

Known to practice ☐ if not, photo ID sighted ☐

Portal activated ☐

Lab results module activated/deactivated ☐

**Cornwall Medical Centre** **New Patient Medical Questionnaire**

**Please complete one form for each member of your family over 16yrs**

**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<br>>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. Women:** (*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.***

# Please be aware that we are required to sight your proof of eligibility and identity before we can process your enrolment with us.

This can be a:

- NZ passport
- Foreign passport and (eligible) visa
- NZ birth certificate AND photo ID

*For Children and young adults we can accept: A NZ birth certificate, NZ passport or a foreign passport WITH (eligible) visa.*

ProCARE

# ENROLMENT GUIDE FOR PATIENTS

**How to enrol?**

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

You will need to provide evidence of citizenship or eligibility for publicly funded health services; please do not be offended when asked.

**What are the enrolment criteria?**

**I am entitled to enrol** because **I am residing permanently in New Zealand***

I am **eligible** to enrol because I meet one of the eligibility criteria listed below:

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 was 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** 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) **OR**

i) I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme **OR**

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.

You will need to tick the eligibility criteria that applies to you on your enrolment form. For further information about eligibility, please refer to www.moh.govt.nz/eligibility

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

**Casual Patient**

If you do not meet the enrolment criteria and wish to be a casual patient, please complete the relevant part 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 someone else (other than children)**

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

**Frequently Asked Questions:**

**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 practice changes to a new PHO?**

If the general practice changes to a new PHO, they 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, you 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 affiliated PHO at a later time.

** The definition 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. Immigration issues interim visas if the old visa has run out but the new visa is processing. To determine the eligibility of an interim visa holder you should look at what their eligibility status was immediately prior to being issued the interim visa. For example, the person 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 issues Interim visas in a letter form.*

# USE AND CONFIDENTIALITY OF YOUR HEALTH INFORMATION (FACT SHEET)

Your privacy and confidentiality will be fully respected. This fact sheet sets out why we collect your information and how that information will be used.

**Purpose**

We collect your health information to provide a record of care. This helps you receive quality treatment and care when you need it.

We also collect your health information to help:

- keep you and others safe
- plan and fund health services
- carry out authorised research
- train healthcare professionals
- prepare and publish statistics
- improve government services.

**Confidentiality and information sharing**

Your privacy and the confidentiality of your information is really important to us.

- Your health practitioner will record relevant information from your consultation in your notes.
- Your health information will be shared with others involved in your healthcare and with other agencies with your consent, or if authorised by law.
- You don't have to share your health information, however, withholding it may affect the quality of care you receive. Talk to your health practitioner if you have any concerns.
- You have the right to know where your information is kept, who has access rights, and, if the system has audit log capability, who has viewed or updated your information.
- Your information will be kept securely to prevent unauthorised access.

**Information quality**

We're required to keep your information accurate, up-to-date and relevant for your treatment and care.

**Right to access and correct**

You have the right to access and correct your health information.

- You have the right to see and request a copy of your health information. You don't have to explain why you're requesting that information, but may be required to provide proof of your identity. If you request a second copy of that information within 12 months, you may have to pay an administration fee.
- You can ask for health information about you to be corrected. Practice staff should provide you with reasonable assistance. If your healthcare provider chooses not to change that information, you can have this noted on your file.

Many practices now offer a patient portal, which allows you to view some of your practice health records online. Ask your practice if they're offering a portal so you can register.

**Use of your health information**

Below are some examples of how your health information is used.

- If your practice is contracted to a Primary Health Organisation (PHO), the PHO may use your information for clinical and administrative purposes including obtaining subsidised funding for you.
- Your District Health Board (DHB) uses your information to provide treatment and care, and to improve the quality of its services.
- A clinical audit may be conducted by a qualified health practitioner to review the quality of services provided to you. They may also view health records if the audit involves checking on health matters.
- When you choose to register in a health programme (eg immunisation or breast screening), relevant information may be shared with other health agencies.
- The Ministry of Health uses your demographic information to assign a unique number to you on the National Health Index (NHI). This NHI number will help identify you when you use health services.
- The Ministry of Health holds health information to measure how well health services are delivered and to plan and fund future health services. Auditors may occasionally conduct financial audits of your health practitioner. The auditors may review your records and may contact you to check that you received those services.
- Notification of births and deaths to the Births, Deaths and Marriages register may be performed electronically to streamline a person's interactions with government.

**Research**

Your health information may be used in research approved by an ethics committee or when it has had identifying details removed.

- Research which may directly or indirectly identify you can only be published if the researcher has previously obtained your consent and the study has received ethics approval.
- Under the law, you are not required to give consent to the use of your health information if it's for unpublished research or statistical purposes, or if it's published in a way that doesn't identify you.

**Complaints**

It's OK to complain if you're not happy with the way your health information is collected or used.

Talk to your healthcare provider in the first instance. If you are still unhappy with the response you can call the Office of the Privacy Commissioner toll-free on 0800 803 909, as they can investigate this further.

**For further information**

Further detail in regard to the matters discussed in this Fact Sheet can be found on the Ministry of Health website at http://www.health.govt.nz/your-health/services-and-support/health-care-services/sharing-your- health-information.