

Welcome to eastMED Doctors

Included are the Enrolment Form, Enrolment Criteria and Medical History Form. Please fill in all the pages and return to the reception with a valid photo identity (Copy of Passport)

Emergency

If you are having chest pain or any other significant pain, breathless or bleeding inform the reception on your arrival.

Website

Clinics website is www.eastmed.co.nz Please check out the site for additional Clinic and Health Information.

Checking In

Always indicate to the reception staff that you have arrived so they can inform your doctor that you are waiting. If you are waiting more than half an hour please inform the reception and check if your doctor knows you are waiting.

Free Wi-Fi

There is free Wi-Fi on the premises, you can find posters in the waiting room indicating the user name and password. Alternatively, you can ask the reception for the username and password.

Patient Portals

We are offering patient portals free of charge to our registered patient. You can book appointments and renew prescriptions online. Register at reception if interested.

Medical Notes

Your medical notes will be requested from your previous doctors if applicable. Funding for your visit usually takes 3 to 6 months and till then non-funded fee will apply. If you are a casual patient higher consultation fee will apply.

Payment

Payment is expected at each visit. If payment is not received in 14 days, a \$10 admin fee will apply, if not paid by 90 days it will be referred to the debt collectors.



eastMed Doctors
188 St. Heliers Bay Road, St. Heliers,
Auckland, 1071
Telephone: 09 585 0188. Fax: 09 585 0199
EDI: GLENDOW

www.eastmed.co.nz

Enrolment Form



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NZMC: in footer below doctors name
www.eastmed.co.nz

Enrolment Criteria Please tick one - (refer to attached enrolment criteria)

- I am eligible to enrol as I reside permanently in New Zealand **AND** as per enrolment criteria _____
- I am not eligible to enrol as I did not meet the enrolment criteria (you will be a casual patient and higher fee apply).
- I wish to be a casual patient even if I meet the enrolment criteria (for example you are enrolled elsewhere).

Patient Information

Title		NHI Number if known	
Family Name		Given Name(s)	
Preferred Name		Date of Birth	Day / Month / Year
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Please tick one		Country of Birth
Home Address			
Suburb	City	Postcode	Country
Home Phone		Mobile Phone	
Business Phone		Email	
Emergency Contact Name		Relationship	Phone
Ethnicity <input type="checkbox"/> 11 NZ European/Pakeha <input type="checkbox"/> 12 Other European <input type="checkbox"/> 21 NZ Maori. Name of Iwi/Hapu:			
<input type="checkbox"/> 31 Samoan <input type="checkbox"/> 32 CookIslandMaori <input type="checkbox"/> 33 Tongan <input type="checkbox"/> 34 Niuean <input type="checkbox"/> 35 Tokelauan <input type="checkbox"/> 36 Fijian <input type="checkbox"/> 37 OtherPacific <input type="checkbox"/> 41 SouthEastAsian <input type="checkbox"/> 42 Chinese			
<input type="checkbox"/> 43 Indian <input type="checkbox"/> 44 Other Asian <input type="checkbox"/> 51 Middle Eastern <input type="checkbox"/> 52 Latin American <input type="checkbox"/> 53 African <input type="checkbox"/> 54 Other Please state			
Community Services Card Number <i>If applicable</i>			Expiry Date
How did you hear about us <input type="checkbox"/> Recommendation <input type="checkbox"/> Eastmed Website <input type="checkbox"/> Other:			

Transfer of Records

I agree for Eastmed Doctors to get my previous records Yes No Not applicable

Previous Doctors Name *if applicable*

Previous Doctors Address

Patient Portal And Electronic Communication (Please tick if you agree)

- I agree to receiving text messages and emails from Eastmed Doctors.
- I agree to join the patient portal.

Patient Declaration

I declare that the information provided in this enrolment form is true and correct.

I have read and I agree with the Health Information Privacy Statement (<http://www.eastmed.co.nz/documents/PHO-information-book-let-07-03-2011.pdf>).

I understand that payment is expected at each visit and if my account is unpaid by 14 days a \$10 administration fee will incur, by 90 days, referred to the debt collectors.

Enrolling patients only

I confirm I will provide proof of my eligibility - copy of passport.

I understand by enrolling I will be enrolled with the Primary Health Organisation (PHO) Eastmed Doctors belongs to, and my name address and other identification details will be included on both Eastmed Doctors and the PHO Enrolment Register.

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

Enrolling patients only

I have access to information, about the benefits and implications of enrolment with the PHO on www.eastmed.co.nz. I comply with the enrolment criteria (at the top of this form) and I agree to inform Eastmed Doctors of any changes in my eligibility.

Over 16 sign own form, under 16 parents sign

Signature of Patient or Authority

Date Day / Month / Year

If signed by Authority name and relationship to the patient

Dr. Annie Bradley Dr. Bethany Hall Dr. Grace Wong Dr. Jens-Peter Link Dr. Louise de Candole Dr. Mimi Tanaka Dr. Simon Garlick

Dr. Siva Nachiappan Dr. Sue Argent Dr. Susan Smith Dr. Vicki Mount

eastMED Doctors Medical History

Please fill and send this with your enrolment form

Patient Information

Family Name _____ Given Name(s) _____
Occupation _____ Date of Birth *Day / Month / Year* _____
Employer _____

Personal History

Current Medical Problems _____
Current Medications _____
Allergies (for medicines) _____
Smoking History Never Smoked Current Smoker Ex-Smoker
Smoking History (if relevant) Year started _____ Year stopped _____ How many per day _____
Alcohol (what and how much do you drink in a week) _____
Your Height (in cm) _____ Current Weight (in Kg) _____ Abdominal circumference (in cm measure around belly button) _____

Past History

Asthma Bowel Cancer High Cholesterol Other
 Diabetes High Blood Pressure Melanoma
 Heart Disease Kidney Disease Strokes
 Breast Cancer Hepatitis Operations

Family History

Has anyone in your family had any of these and if so please write their relationship to you and age when they were diagnosed

Asthma Bowel Cancer High Cholesterol Other
 Diabetes High Blood Pressure Melanoma
 Heart Disease Kidney Disease Strokes
 Breast Cancer Hepatitis Operations

Screening and Immunisation

Cervical Smear (women aged 20-70) Yes had one (year last done _____) Never had one
 I have had abnormal smears in the past _____
Mammogram (women aged 45-69) Yes had one (year last done _____) Never had one
Childhood Immunisations Yes uptodate Never had them or had some
Tetanus Yes (year last done _____) Never had one



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eastMED Doctors Enrolment Criteria

Enrolment Criteria

I intend to use Eastmed Doctors as my regular and ongoing provider of general practice / GP / First Level primary healthcare services.

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

I live in New Zealand and meet one of the following eligibility statements:

- A. I am a New Zealand citizen (including those from Cook Islands, Niue or Tokelau) 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 New Zealand Aid Programme student studying in New Zealand 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 New Zealand and receiving funding from a New Zealand university under Commonwealth Scholarship and Fellowship Fund.



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