eastMED DOCTORS

ENROLMENT FORM

188 St Heliers Bay Road
St Heliers
Auckland 1071

Phone: 09 585 0188
Fax: 09 585 0199
EDI: glendow

www.eastmed.co.nz

Select Doctor (bold font books open)

- ☐ **Dr Simon Garlick (23498)**
- ☐ **Dr Michael Kohlhagen (75606)**
- ☐ **Dr Siva Nachiappan (27161)**
- ☐ **Dr Lydia Siew (69651)**
- ☐ **Dr Graham Desborough**
- Dr Sue Argent (14537)
- Dr Louise de Candole (59352)
- Dr Christine Day (91325)
- Dr Grace Wong (36410)

Legal Name	(Title)	Given Name	Other Given Name(s)	Family Name
Preferred Name / Maiden Name				NHI (*Office use only)*
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	

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

Iwi:_____

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

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 agree to receive text messages? ☐ Yes ☐ No	**Do you agree to join the patient portal?** ☐ Yes ☐ No	
How did you hear about us? ☐ Recommendation ☐ Eastmed Website ☐ Other_____		
Signature		

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 **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 *(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)		

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MEDICAL HISTORY FORM

Legal Name	(Title)	Given Name	Other Given Name(s))	Family Name

Current Medical Problems		
Current Medications		**Allergies**

Do you smoke?	☐ No (Never) ☐ No (Ex-smoker) ☐ Yes	If ticked No (Ex-smoker) or Yes fill →	Year Started _____ Year Stopped (if applicable) _____ Type/quantity smoked/day _____
Alcohol intake?	☐ Yes ☐ No	If ticked yes What/how much do you drink / week _____	

Past History
What medical problems have you had in the past?
Tick the space or spaces which apply to you

- ○ Asthma
- ○ Diabetes
- ○ Heart Disease
- ○ Breast Cancer
- ○ Bowel Cancer
- ○ High Blood Pressure
- ○ Kidney Disease
- ○ Hepatitis
- ○ High Cholesterol
- ○ Melanoma
- ○ Strokes
- ○ Operations
- ○ Other. Please state

Family History
What medical problems your family have you had in the past? (indicate the relationship to you in the tick boxes you tick)
Tick the space or spaces which apply to you

- ○ Asthma
- ○ Diabetes
- ○ Heart Disease
- ○ Breast Cancer
- ○ Bowel Cancer
- ○ High Blood Pressure
- ○ Kidney Disease
- ○ Hepatitis
- ○ High Cholesterol
- ○ Melanoma
- ○ Strokes
- ○ Operations
- ○ Other. Please state

Cervical Smear Women aged 20-70	☐ Yes	☐ No (Never)	☐ I have had abnormal report in the past
Mammogram Women aged 45-69	☐ Yes	☐ No (Never)	☐ I have had abnormal report in the past

eastMED DOCTORS **FURTHER INFORMATION**	188 St Heliers Bay Road St Heliers Auckland 1071 **Phone:** 09 585 0188 **Fax:** 09 585 0199 **EDI:** glendow **www.eastmed.co.nz**	**Dr Simon Garlick (23498)** **Dr Michael Kohlhagen (75606)** **Dr Siva Nachiappan (27161)** **Dr Lydia Siew (69651)** **Dr Graham Desborough** Dr Sue Argent (14537) Dr Louise de Candole (59352) Dr Christine Day (91325) Dr Grace Wong (36410)

Emergency
If you have chest pain, breathless or bleeding inform reception on your arrival.

Website
Our website is https://eastmed.co.nz/ Please check out the site for more relevant up to date information.

Checking In
Check in with the reception staff on arrival, so they can inform your doctor. If you are waiting more than half an hour, please check with the reception.

Free Wi-Fi
Wi- Fi username is guest@eastmed.co.nz. You can find the current password on the notice boards.

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

Enrolment and Funding Status
Present a valid id (passport) on registration. This confirms eligibility for funded health care in New Zealand. If this is not sited or you are not eligible, casual consultation fee applies.

Medical Notes
Your medical notes will be requested from your previous doctors if applicable.

Payment
Pay for your visit on the same day. If payment is not received in 14 days, a $10 admin fee will apply. Non receipt of payment by 90 days is passed to the debt collectors.

Why Enrol
Please click this excellent link - https://www.live-work.immigration.govt.nz/resources/enroling-with-your-local-doctor