

<b>THREE LOCATIONS: (Please tick one)*</b> <input type="checkbox"/> <b>Pyes Pa Shopping Centre</b> – Shop 8, 83 Pyes Pa Road, Pyes Pa GP's: Ken Belton, Clare Duffett, Mairead O'Byrne, Joanne McKnight, Pooja Patel <input type="checkbox"/> <b>The Lakes Shopping Village</b> , 1 Caslani Lane, Pyes Pa GP's: Richie Boon, Simon Roberts, Pooja Patel, Belinda Bartle, Ruth Cameron <input type="checkbox"/> <b>Brookfield/Otumoetai</b> - 223 Otumoetai Road, Otumoetai GP's: Andrew Corin, Ngaire Ellis	<b>NZMC #</b> (enter # symbol only)	<b>NHI No.</b> (Office Use Only)
<b>EDI: tauranga</b> (GP to GP electronic file transfer)		

<b>Legal Name</b>	Title	Surname/Family Name*	First/Given Name*
	Middle Name(s)*		Preferred Name
<b>Birth Details</b>		Day / Month / Year of Birth*	Place of Birth*
<b>Gender</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender diverse (please state)*	Country of Birth*
			Maiden Name
			Primary Language

<b>Usual Residential Address</b>	House (or RAPID) Number and Street Name*	Suburb/Rural Location*	Town / City and Postcode*
<b>Postal Address</b> <small>(if different from above)</small>	House Number and Street Name or PO Box Number	Suburb/Rural Delivery	Town / City and Postcode
<b>Contact Details</b>	Mobile Phone	Home Phone	Email Address

<b>Next of Kin / Emergency Contact</b>	Name	Relationship	Mobile (or other) Phone
Address			

<b>Community Services Card</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Day / Month / Year of Expiry	Card Number (if known)
<b>High User Health Card</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Day / Month / Year of Expiry	Card Number (if known)

<b>Ethnicity Details</b>  Which ethnic group(s) do you belong to?  * <b>Tick the space or spaces which apply to you</b>	<input type="radio"/> New Zealand European <input type="radio"/> Maori <input type="radio"/> Samoan <input type="radio"/> Cook Island Maori <input type="radio"/> Tongan <input type="radio"/> Niuean <input type="radio"/> Chinese <input type="radio"/> Indian <input type="radio"/> Other (Please state): <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<b>IWI</b>	
	<b>Occupation</b>		
	<b>Employer &amp; Address</b>		
	<b>Smoking Status (applies to 15 years &amp; over ONLY)</b> Never smoked <input type="checkbox"/> Current smoker <input type="checkbox"/> Ex-smoker <input type="checkbox"/> Approximate Quit Date _____ Smoking is bad for your health. Would you like support to quit?   Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Consent to Receive Communications via Email - Text - Patient Portal (if available)</b> Please tick applicable boxes to give your consent: <input type="checkbox"/> Text Message <input type="checkbox"/> Patient App (secure) <input type="checkbox"/> Email			

<b>Transfer of Records Authority</b>	In order to get the best care possible, I agree to the Practice obtaining my records from my previous Doctor. I understand I will be removed from their practice register, as I am only able to be enrolled in one practice at a time in NZ.		
<input type="checkbox"/> Yes - please request transfer of my records <input type="checkbox"/> Not Applicable <input type="checkbox"/> No		Previous Doctor and/or Practice Name	
Signature		Day / Month / Year	Practice Address / Location

<b>*My declaration of entitlement and eligibility*</b>	
<b>I am entitled to enrol</b> because I am residing permanently in New Zealand. <i>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>	<input type="checkbox"/>

**I am eligible to enrol** because:

<b>a</b>	<b>I am a New Zealand citizen</b> (If yes, tick box and proceed to I confirm that, if requested, I can provide proof of my eligibility below)	<input type="checkbox"/>
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If you are **not a New Zealand citizen** please tick which eligibility criteria applies to you (b–j) below:

<b>b</b>	I hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010)	<input type="checkbox"/>
<b>c</b>	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	<input type="checkbox"/>
<b>d</b>	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)	<input type="checkbox"/>
<b>e</b>	I am an interim visa holder who was eligible immediately before my interim visa started	<input type="checkbox"/>
<b>f</b>	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	<input type="checkbox"/>
<b>g</b>	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 <b>OR</b> in the control of the Chief Executive of the Ministry of Social Development	<input type="checkbox"/>
<b>h</b>	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)	<input type="checkbox"/>
<b>i</b>	I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme	<input type="checkbox"/>
<b>j</b>	I am a Commonwealth Scholarship holder studying in NZ and receiving funding from a New Zealand university under the Commonwealth Scholarship and Fellowship Fund	<input type="checkbox"/>

<b>I confirm</b> that I have provided proof of my eligibility	<input type="checkbox"/>	Evidence sighted (Office use only)
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<b>My agreement to the enrolment process</b> <b>NB. Parent or Caregiver to sign if you are under 16 years</b>
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**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 **Family Doctors** I will be included in the enrolled population of **Western Bay of Plenty PHO** 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 or informed** 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 shared 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.

**I agree to pay any fees** applicable for Practice Services & **all costs incurred in collection of any debt for myself & my dependents.**

<b>Signatory Details</b>	Signature*	Day / Month / Year*	<input type="checkbox"/>	<input type="checkbox"/>
			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.**

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

# FAMILY DOCTORS

## ADULT QUESTIONNAIRE FOR DATABASE PROFILE (15 Years & Over)

Date: ...../...../.....

Name: ..... D.O.B. .... Age: .....

*The following information is requested for inclusion in your records to enable staff to better understand your medical background.*

**Previous Medical History:** *(Please Circle and Tick those that apply)*

Condition	Yes	No	Condition	Yes	No
Asthma / Bronchitis / COPD			Heart Disease		
Arthritis / Joint problems			Hepatitis / Liver problems		
Diabetes			Headaches / Migraines		
Epilepsy / Blackouts			Kidney / Bladder / Prostate problems		
High Cholesterol			Skin problems		
High Blood Pressure			Vision / Hearing / Speech		
BP check in the past 12 months?			Cancer		

**List any other significant medical illnesses / injuries / operations / hospital admissions:**

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**What is your family history?** *(Tick those that apply)*

Medical History	Father	Mother	Sister	Brother	Children
Diabetes					
Heart Disease					
Stroke					
High blood pressure					
Cancer <small>(specify type)</small>					
Other hereditary illness <small>(specify)</small>					

**Current Medical History:**

1. **ALLERGIES** - Do you have any known allergies(eg- medications, egg) *Specify type of allergy& describe reaction*

\_\_\_\_\_

\_\_\_\_\_

2. **ALCOHOL** - What is your weekly alcohol intake? \_\_\_\_\_

3. **BREAST SCREENING**  
 – Do you give consent to be enrolled in the Breast Screening programme for our area? Yes / No / NA

**NOTE:** *Enrolment in the free programme is for women aged 45-69yrs*

**SIGNED** .....

<i>Office Use Only:</i>	IMMS/FLU	CVRA	DAR	CX	MAM	Initials:
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## **FAMILY DOCTORS – INTRODUCTORY INFORMATION**

**OPENING HOURS:** Family Doctors operates from three locations-

- **Pyes Pa, 8/83 Pyes Pa Road (Pyes Pa Shopping Centre) - Monday-Friday: 8.00am-4.30pm – Ph: 07 543 2221**
  - **The Lakes, 1 Caslani Lane (Lakes Shopping Village) - Mon-Friday: 8.00am-4.30pm – Ph: 07 543 2229**
  - **Brookfield on Otumoetai, 223 Otumoetai Road - Mon-Friday: 8.15am – 4.30pm – Ph: 07 570 2555**
- Appointments outside these hours, Monday - Friday, can be made by prior arrangement.

**STAFF:** There are 11 GP's working at our 3 sites: Dr Andrew Corin, Dr Ngaire Ellis, Dr Simon Roberts, Dr Ruth Cameron, Dr Belinda Bartle, Dr Ken Belton, Dr Richie Boon, Dr Clare Duffett, Dr Mairead O'Byrne, Dr Joanne McKnight & Dr Murray Hay. Our practice nurses are Adele, Raewyn, Susan, Jacqui, Hayley, Adele, Ida and Lisa. Our receptionists are Elena, Mel, Shari, Zeld, Tracey & Margaret our administrator & finance team are Michelle & Jolene, and practice manager is Debbie.

**APPOINTMENTS:** To make an appointment at a clinic, please ring our receptionist on one of the numbers above. You can select to be put through to Reception, Nurse or Prescription Line. Alternatively, we now have our patient portal available for existing patients to make appointments – visit <http://www.familydoctors.co.nz/> to register for this.

**AFTER HOURS:** - phone our usual number, listed above, which will be answered by a triage nurse at Homecare Medical (no charge). Alternatively, you can visit Accident & Healthcare, 19 Second Ave, Tauranga (8am – 9pm). Some of their fees will be higher than ours.

**NEW ENROLMENTS:** We can enrol you if you are new to Tauranga and don't have a doctor, intend to use us as your regular GP and intend to reside in NZ for 6 of the next 12 months (minimum 183 days). You must provide either your **birth certificate or NZ Passport, as proof of ID – photo ID is required for everyone over age 16 years.** Parent/caregivers enrolling children under 16 years without a parent/guardian enrolment must provide full evidence of their relationship to the enrolling child – the child's and their birth certificate and (if applicable) mothers Marriage Certificate. If your name has changed and is now different from your ID, we will require evidence of this (eg- marriage certificate). Without these documents we are unable to process your enrolment.

**FIRST APPOINTMENT:** As soon as your notes arrive, we will contact you and ask you to make a New Patient nurse appointment, which will be up 15-30 minutes long (Cost: \$36). This will enable the nurse to go through your family history, measure your vital signs, etc. Once this is done, you may make a doctor's appointment as needed. **All new patients must have a nurse appointment before seeing the doctor.**

**LENGTH OF APPOINTMENTS:** A standard consultation is 15 minutes long. Appointments that run longer than this may incur an extra charge. If you require a longer time, or make an appointment for a Driver's Licence Medical, Insurance Medical, minor surgery or a special medical (eg for Diving) please advise the receptionist what your appointment is for, and she will allow the appropriate time.

**CASUAL APPOINTMENTS:** We encourage our patients to pre-book appointments as we may not be able to fit you in if you just turn up. People who are not yet registered with us ('Casual' Patients) may be given an appointment, strictly at the Doctor's discretion, but extra charges will apply.

**ENROLLED PATIENTS' FEES (standard consultation):**

Children 13 and under are free. 14-17yrs with a Community Services Card (CSC) \$13.00; No CSC \$38.00. Adults 18-24yrs with a Community Services Card (CSC) \$19.50 - Other Adults 18-24yrs \$49.50. Adults 25-64yrs with a Community Services Card (CSC) \$19.50 - Other Adults 25-64yrs \$57.00. Adults 65yrs+ with a Community Services Card (CSC) \$19.50 - Other Adults \$54.00.

Additional fees may be charged for consumable items such as liquid nitrogen, wound dressings, and nebulisers.

**A DNA (Did Not Arrive) charge** is incurred on almost every occasion, \$10 for children, \$15 for adults with a CSC, \$25 for adults without a CSC, if you do not arrive for your appointment or do not ring us at least 3 hours in advance. If you do not arrive for a **New Patient appointment** (with the nurse or Dr) the standard consultation fee will apply as the time allocated and lost, is double the standard appointment (our fee for this service is a single standard consultation fee).

**REPEAT PRESCRIPTIONS:** Select the prescription line option when phoning. We require 48 hours' notice for renewal of a prescription. The cost for this is \$22.00 (\$19.50 with CSC). If you require it in less than 48 hours an increased fee will apply. Almost all prescriptions will be emailed to the patients preferred pharmacy. Prescriptions ordered but not collected will still be charged for.

**TEST RESULTS:** It is our policy to only contact you if the results of any tests/procedures come back showing **abnormal** results. If you hear nothing from us, you can assume everything is normal. You are welcome to ring and speak to the nurse to check your results at any time.

**ACCOUNTS:** Fees are to be paid at the time of appointment; there is no arrangement for monthly accounts. Any amount unpaid at the end of the month (e.g., an emailed prescription) will incur a \$11 administration fee. The \$11 admin fee will be added monthly to outstanding accounts. If you find difficulty in paying your account, please speak to Michelle our accounts administrator for help with automatic payments.

**Bank account number:** For direct credit/internet banking is 06-0541-0823026-25

**WE WELCOME YOUR FEEDBACK AT ANY TIME – SEE THE 'COMMENTS' BOXES AT RECEPTION**



## MyIndici – Patient Portal Registration Form

Please complete this form and supply one form of photo ID to register for the MyIndici patient portal.

Each person that uses the portal must have their own unique email address.

The MyIndici app can be accessed through [www.myindici.co.nz](http://www.myindici.co.nz) or downloaded from the App Store / Google Play

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Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### Practice use only

Patient NHI: \_\_\_\_\_

Photo ID: \_\_\_\_\_

Staff Member: \_\_\_\_\_

Date: \_\_\_\_\_