Te Awakairangi Health PHO

Silverstream Health Centre Ltd
P.O. Box 48-041
Silverstream
Upper Hutt
Phone 04 5277 376 Fax 04 5283 278
EDI *silver*

ENROLMENT FORM

NHI*					
Title	Mr Mrs Ms Miss Dr	**First* Name(s)**		**Family Name***	
Preferred Name				**Other Names Known By** (e.g. maiden name)	
Gender*	☐ Male ☐ Female			**Place / country of birth***	
Physical Address*	Street or Rapid (rural) number	Name of Street		**Date of Birth***	____/____/____ Day Month Year
	Suburb			**Community Services Card**	YES / NO
	City/Town	Postcode			**Card Number** **Expiry Date**
Postal Address				**High User Health Card**	YES / NO
					Card Number **Expiry Date**
Contact Details	**Work Phone**	**Home Phone**	**Cell Phone**		**Email**
Emergency contact	**Name of person to contact**	**Relationship**	**Phone number**		**Other contact details**

Which ethnic group do you belong to? **Mark the space or spaces which apply to you ***	
New Zealand European	
Māori **Iwi:**	
Samoan	
Cook Islands Maori	
Tongan	
Niuean	
Chinese	
Indian	
Other European	
Other such as DUTCH, JAPANESE, TOKELAUAN. Please state:	

ID Required: ***ORGINAL***
Passport Birth Certificate
Residency Status*
NZ Citizen Permanent Refugee Work Permit

Employer Details
Occupation:
Name of Company:
Address:
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 ☐ No ☐ Not applicable ☐

Doctor's Name:

Address / Location:

Dependants listed on this form will also be enrolled in the PHO as long as I am legally entitled to sign on their behalf (see over)

First Names	Family Name	M/F	Ethnicity/Ethnicities	Date of Birth	Country Of Birth

See page 2 - for eligibility, consent and signature

Enrolment in the Practice / Primary Health Organisation (PHO)

I intend to use **Silverstream Health Centre** as my regular and ongoing provider of general practice / GP / First Level primary health care services.

I am eligible to enrol because **I live 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 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**
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.

My agreement to the enrolment process

NB Parent or caregiver to sign if you are under 16 years

I choose to enrol with this practice as my regular and on-going provider of general practice / GP / First Level primary health care services.

I agree to pay for all consultations at the time of the appointment and if not paid on the day and remains outstanding, my account will be forwarded to a debt collection agency.

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

I understand that if my account is not settled at the time of consultation an administration fee will be added to my account.

I understand that if I visit another 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 with the PHO, and their contact details.

I have read and I agree with the Health Information Privacy Statement.

I agree to inform the practice of any changes in my eligibility.

	/ / Day Month Year
SIGNATURE*	**DATE***

OR Signed by AUTHORITY[1]

Full Name of Authority	Contact Phone Number	Relationship
Address	Signature of Authority	/ / Day Month Year
Detail the basis of authority (e.g. parent of a child under 16):		

[1] An authority is the legal right to sign for another person if for some reason they are unable to consent on their own behalf

Silverstream
HEALTH CENTRE

P.O Box 48-041
Silverstream
Upper Hutt

Ph: 04 527-7376 Fax: 04 528-3278

GP2GP Request
Healthlink Number: Silver

Dr Marko Kljakovic	**NZMC 12118**
Dr Kim Hurst	**NZMC 49178**
Dr Franz Hubmann	**NZMC 15889**
Dr Cathy Hadley	**NZMC 12272**
Dr Cheryl Archer	**NZMC 19713**
Dr Ben Carpenter	**NZMC 38567**
Dr Farqad Yuseif	**NZMC 58001**

Date

The patients listed below have requested to transfer to this medical centre and have been accepted. We would be grateful if your medical centre could forward the medical notes to the above EDI.

Previous Medical Centre (Name and Address)

SURNAME	FIRST NAME	DATE OF BIRTH

Signature..... **Date**.....

PATIENT CLASSIFICATION FORM

LAST NAME:		FIRST NAME:
DOB:	MALE / FEMALE *(Please circle one)*	OCCUPATION:
Telephone numbers HOME:	CELL:	WORK:
HEIGHT:	WEIGHT:	

Smoking Status: ***(Please circle which applies to you)***

CURRENT SMOKER PAST SMOKER

RECENTLY QUIT NON SMOKER

Alcohol Status: ***(Please circle which applies to you)***

NON-DRINKER WITHIN SENSIBLE LIMIT

ABOVE SENSIBLE LIMIT

If you are a past smoker or recently quit, when did you quit smoking?

If you are a current smoker, how many do you smoke per day?

If you are a current smoker, would you like support to quit smoking? YES / NO

Classifications: Do you suffer from any of the following? ***(Please circle which applies to you)***

HEART ISSUES	DIABETES	ASTHMA	ALLERGIES Please specify .....

- **Do you take Warfarin? YES / NO**

FAMILY HISTORY – (excluding yourself)

HEART PROBLEMS - YES / NO	Please give details + Family member
STROKE - YES / NO	Please give details + Family member
CANCER - YES / NO	Please give details + Family member
DIABETES - YES / NO	Please give details + Family member
OTHER - YES / NO	Please give details + Family member

COMMENT ON ANY RELEVANT PAST MEDICAL HISTORY NOT MENTIONED IN THIS FORM:

SCREENING HISTORY – (Female only)

Year and month of last MAMMOGRAM:	Year and month of last CERVICAL SMEAR:

NEXT OF KIN:

NAME:	
ADDRESS:	
PHONE NUMBER:	
RELATIONSHIP TO YOU:	

Silverstream
HEALTH CENTRE

Manage My Health

We are excited to announce we now have the online system Manage My Health available for your use.

Manage My Health is a secure and private online system that gives you the freedom to manage your health needs - and that of your family anytime, anywhere.

You will be able to access your medical records and share health information as required with other healthcare providers.

Services include:

- Ordering repeat prescriptions
- Booking appointments
- Access to notes/results and recalls
- Communicating with your GP and the Practice team

Registering for Manage My Health is easy
You will need an individual email address (not a family email address) and everyone over the age of 14 will need to register themselves.

When you are next in for an appointment, register with our receptionists

OR

We can do it for you online. Simply return the following information via email to managemyhealth@hv.radiusmedical.co.nz

Name
Current address
Date of birth
Individual email address

We will activate your Manage My Health patient portal. Then you would receive an email from Manage My Health and within that will be a link, once you have clicked into the link the message that you have successfully registered will be on screen. After which you will be able to visit the website and securely login using your email address and password provided. (Welcome2)

- ***Please note: an activation code is not required as we will do this for you when you register.***

Check out www.managemyhealth.co.nz if you would like to read more about it.

Kind regards,
The team at Silverstream Health Centre

Silverstream
HEALTH CENTRE

Manage My Health Registration Form

Please print details clearly

We recommend you use or set up your own individual email address rather than using a family email. Once an email has been allocated to a person it can never be used by another family member for the purpose of Manage My Health.

Details required:

Name:	
Address:	
Date of Birth:	
Email address: (Each family member needs their own individual email address)	
Standard Password for MMH: (Please change this password once you have completed your registration)	Welcome2

Identification Sighted ☐

Please do not try to activate your own account, you do not need an Activation code. We activate your Manage My Health account on our end. Please go straight to login after verifying your email.

Within the next couple of days you can expect an email from Manage My Health and within that will be a link, once you have clicked into the link the message that you have successfully registered will be on screen. After which you will be able to visit the website www.managemyhealth.co.nz and under **[Existing Members]** click on **[Secure login]** and use your email address and the standard password provided to log in. Please change this password once you have completed this process.

Also please note; if you have not received the Manage My Health email in your inbox please check it has not gone to spam or junk mail.

If you have any trouble getting started please phone 527-7376 or email administration@hv.radiusmedical.co.nz.

Signed:.....Date:.....