



◦ DOCTOR ◦ X-RAY ◦ PHYSIO ◦ CHEMIST ◦

## PATIENT ENROLMENT FORM

Please indicate who you would like to be your regular family doctor at this practice. Doctor \_\_\_\_\_

Personal Details (please enter your details below)			
Family Name			
Given Names			
Gender		Date of Birth	
Street			
Suburb			
City			
Home Phone		Work Phone	
		Mobile	
CSC / HUHC	Community Services Card / High Use Card (Please Circle One)		CSC      HUHC
Number			
Expiry Date.			

Ethnicity	
This information is gathered to help improve healthcare for all New Zealanders. Please tick up to three squares to show which ethnic group(s) you identify with.	
<input type="checkbox"/> NZ European	<input type="checkbox"/> Maori Iwi (please specify) _____
<input type="checkbox"/> Japanese	<input type="checkbox"/> Chinese (please specify) _____
<input type="checkbox"/> Other Asian (please specify) _____	<input type="checkbox"/> Pacific Islander (please specify) _____
<input type="checkbox"/> Other European (please specify) _____	<input type="checkbox"/> African (please specify) _____
<input type="checkbox"/> Other (please specify) _____	

Please enrol me (or my child under 18 who is in my care) with my doctor (as named above) as a Silverdale Medical patient. By enrolling, I understand that my doctor's practice is the main provider of my primary care services and is responsible for co-ordinating my care. I also understand that I will be enrolled in the North Harbour PHO.

I will advise my practice if I decide to change to a different doctor.

I understand that, under the new privacy laws, my doctor is able to exchange information with other health organisations in the interests of my healthcare. I also understand that as patient of a Silverdale Medical doctor, some of my health information (excluding my file, or things I ask to remain confidential) will be given to Primary Health Organisation in order to support my doctor in the co-ordination of my care and for funding, administrative and quality purposes, together with the provision of public health services.

### Terms of Trade

I agree to pay for all consultations at the time of the appointment. I have read the terms of trade and understand that unpaid accounts will incur a monthly accountancy fee, and if unpaid after 3 months may be placed in the hands of a debt collection agency. All costs related to debt collection will be passed onto myself. Cash, Cheque, Eftpos, Visa and Mastercard are welcome. Automatic payments by arrangement. Please ask staff for assistance with any payment enquiry. There will be a booking fee payable for all appointments not kept or not cancelled prior to the appointment.



Signed \_\_\_\_\_ Date    /    /    (dd/mm/yyyy)

Relationship if not person shown on form \_\_\_\_\_ Full Name (Print) \_\_\_\_\_

I authorise Silverdale Medical to obtain my previous medical records    Yes      No

    



# PATIENT ENROLMENT FORM

## SILVERDALE MEDICAL

You can register the rest of your family here...

If there are any family members in your household under the age of 18 years, whom you would like to enrol at this practice then please enter their details below.

To be completed by the parent or guardian of dependant under the age of 18.

Family Name	Given Names
Gender (M/F)	Date of Birth
Ethnicity	Preferred Name

Family Name	Given Names
Gender (M/F)	Date of Birth
Ethnicity	Preferred Name

Family Name	Given Names
Gender (M/F)	Date of Birth
Ethnicity	Preferred Name

If your spouse/partner would also like to enrol with this practice, then please ask him/her to complete the details below.

Family Name		Given Names		
Gender (M/F)		Date of Birth		
Ehnicity		Preferred Name		
Home Phone		Work Phone		Mobile
CSC Card / HUHC	Community Services Card / High Use Card (Please Circle One)		CSC	HUHC
Number		signed _____		
Expiry Date				

Previous Family Doctor	
Telephone / Fax number	

### How does being on a practice register help me?

We wish to encourage people to develop a healthy ongoing partnership with our general practice team because it has been shown that people who do this generally get better health care and have better health. When you are on a practice register it means that the practice will arrange for you to have 24 hour cover for urgent health problems. The practice will on helping you stay in good health by such things as recalling you for immunisations and screening and doing health checks when these are appropriate. As you get to know people at the practice you may feel more comfortable about asking questions and saying what your needs are.

### Terms of Trade

I agree to pay for all consultations at the time of the appointment. I have read the terms of trade and understand that unpaid accounts will incur a monthly accountancy fee, and if unpaid after 3 months may be placed in the hands of a debt collection agency. All costs related to debt collection will be passed onto myself. Cash, Cheque, Eftpos, Visa and Mastercard are welcome. Automatic payments by arrangement. Please ask staff for assistance with any payment enquiry. There will be a booking fee payable for all appointments not kept or not cancelled prior to the appointment.

Signed \_\_\_\_\_ Date    /    /    (dd/mm/yyyy)