

PATIENT ENROLMENT FORM

PATIENT DETAILS: (All fields marked with * must be completed)

NHI #: _____

Family Name:*				First Name/s:*			
Gender:*	M / F	Date of Birth:*	/ /	Country of Birth:*			
Address:*		No./street*		Postal address			
		Suburb/City*		(if different from physical address)			
Email address:							
Phone number/s:		(h)	(w)	Smoking Status:		Ex-Smoker	Current Smoker
		(cell)		(please circle)		Would you like advice to give up? Y/N	Non-Smoker
Emergency Contact:		Name:		Relationship to you:		Contact number:	
Community Services Card:		Y / N	Exp: / /	High User Card		Y / N	Exp: / /
		#:				#:	

*I am eligible to enrol in Compass Health PHO. I choose to use this Practice as my regular and ongoing provider of general practice/GP/First Level primary health care services. I am eligible and entitled to enrol because I am residing permanently in New Zealand and I am a New Zealand Citizen **OR** meet one of the criteria laid out in the Eligibility Guide, with the corresponding letter:

- **I have read and agree** to the terms in the Health Information Privacy Statement
- **I confirm** that if requested I can provide proof of my eligibility
- **I agree** to inform the Practice of any changes in my eligibility.
- **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 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.

*SIGNED: _____ *DATE: _____

or
*SIGNED AUTHORITY: _____ *DATE: _____

RELATIONSHIP TO PATIENT: _____

***Which ethnic group do you belong to?**
Tick the space or spaces that apply to you

- **New Zealand European**
- **Maori**
- **Samoan**
- **Cook Island Maori**
- **Tongan**
- **Niuean**
- **Chinese**
- **Indian**
- **Other (such as DUTCH, JAPANESE, TOKELAUAN). Please state:**

- **Iwi:**

Do you permit us to contact you by text message for things such as appointment reminders and/or inform you of normal test results? Yes No

Office use only:

Enrolling with Doctor: _____
Evidence sighted: **y / n / na**

LINDEN SURGERY and TAWA MEDICAL CENTRE

Manage My Health Terms and Conditions www.managemyhealth.co.nz

Manage my health (MMH) is a web site for you, which uploads patient information from our computer to a secure server (same technology as internet banking) and you can access it via a computer or mobile phone app. MMH is a place where you can access medical information specific to yourself e.g. laboratory results, order repeat prescriptions and make routine appointments.

PLEASE READ AND SIGN IF YOU WOULD LIKE TO USE THIS SERVICE AND RETURN THIS FORM TO RECEPTION.

IMPORTANT

PLEASE DO NOT USE MANAGEMYHEALTH TO COMMUNICATE ACUTE SERIOUS PROBLEMS TO YOUR DOCTOR. PHONE THE SURGERY FOR ADVICE IN THE USUAL MANNER.

ONLINE ROUTINE APPOINTMENTS Please use the online appointments for routine bookings. If you will need longer than the standard 15 minutes, **or** on the day **or** acute appointments please call **reception**. Please note our cancellation policy applies-see our website for details.

ROUTINE REPEAT PRESCRIPTIONS

Please use the Request Repeat Prescription service for long term medications. You will receive an email when your doctor has done the prescription. Please allow 2 working days for this service. If you need a prescription more urgently please phone the surgery 2327193.

TEST RESULTS

ManageMyHealth is one of the ways of notifying you of your test results. We also use texting and telephone. When we file a result you will be sent an email saying your record has been updated. **THE AUTOMATIC NOTIFICATION BOX IN YOUR MANAGE MY HEALTH INBOX SETUP.**

Your 'Lab Results' section in the 'Health Records' option will have your results. One column has your doctor's comments on the test. Please read your doctor's comments and take any action recommended. **Please be aware that some tests take longer to process than others, depending on their complexity.** Your results will be forwarded to your inbox when your GP has reviewed them. **Any abnormal results will be discussed with you.**

TECHNICAL SUPPORT

The website is provided by MedtechGlobal, a NZ company that provides the software that Tawa Medical Centre uses. They are unable to see your information, as it is encrypted. If you are having problems with the website, please go to: <http://www.managemyhealth.co.nz/ContactUs/>

PATIENT'S CONSENT

I am 18yrs or above and I have read and understand the above information.

I may use ManageMyHealth to check lab results & and will action the doctor's recommendations if I do so. I understand if there is misuse of ManageMyHealth the practice reserves the right to deactivate the user.

I am aware that for acute serious problems I will call the Medical Centre (04 2327193), or 111 in an emergency.

Name: _____ DOB _____ Date _____

Signed _____ Email login _____

We require a secure, private email per person (ie not one that you share with your family)