



Please tick the option which applies to you.

Most often I would like to be seen at...

Waikanae Health at the Beach
43 Te Moana Road
Waikanae

or

Waikanae Heath
Marae Lane
Waikanae



waikanaehealth

Waikanae Health & Compass PHO Patient Enrolment Form

- * A separate enrolment form is required for each person including dependants
* People aged 16 and over must complete and sign their own enrolment form

Please read carefully and answer every question clearly and in full.

Form containing sections: Name, Next of Kin, Personal Details, Home Address, Postal address, Text Messaging, Employment, Ethnicity, Community Services Card, High User Health Card, Power of Attorney for Personal Care & Welfare, Transfer of Medical Records, Emergency contact person, Smoking, Eligibility Declaration, Patient Agreement, Photo Identification Provided.

Waikanae Health

New Patient Information Questionnaire

Name: _____

Date of Birth: _____

Date: _____

1. Do you suffer from any current/long term medical problems? (Please include date of onset)

2. Have you had any serious medical problems in the past? (Please include dates)

Surgery:

Other:

3. What medication are you currently on? (Please list and include over-the-counter and 'natural' medicines)

4. Do you have any known allergies or reactions to particular medicines or substances?

5. Have you ever smoked regularly? Yes / No

If so, for how many years? _____ How many per day on average? _____

What date did you quit? _____ If you currently smoke, how many per day on average? _____

6. Alcohol: What would your average weekly intake of alcohol be?

7. Family history of illness:

Have any of your family members suffered from diabetes, glaucoma, heart disease or cancer before the age of 65 years? If so please state what they suffered from, their age at diagnosis and their relationship to you.

8. Other providers:

Are you under a Specialist or any other health provider for any conditions? If so please state the name of the Specialists/s or Provider and the condition being treated.

9. Immunisations:

Adults – Are you up to date with your Tetanus? Yes / No

Children (0-16 years) – Are you up to date with your childhood immunisations Yes / No

10. Women:

If known, the date of last cervical smear: _____ last mammogram: _____

Any abnormal results or treatment required.

We strongly advise that you make a Nurse appointment to discuss the above and record it, and any other information on your file with us. Once you have received our enrolment confirmation letter, please contact Reception on 04 293 6005 and ask for a New Patient Nurse appointment.



Eligibility Summary Guide

I am fully eligible and entitled to be enrolled with Waikanae Health and the PHO (Primary Health Organisation) if I am residing permanently in New Zealand (183 days out of the next 12 months) and.....	
A	I hold New Zealand Citizenship.
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 I am able to show I have been in New Zealand or I intend to stay in New Zealand for at least 2 consecutive years.
D	I have a work visa or work permit and I am able to 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 and I was eligible immediately before my interim visa started.
F	I am a refugee or protected person. OR I am in the process of applying for or appealing refugee or protection status. OR I am a victim or suspected victim of people trafficking.
G	I am under 18 years and in the care of a parent/legal guardian/adopting parent who meets one of the criteria in clauses A – F (above)
H	I am 18 or 19 years old and can demonstrate that on 15 th April 2011 I was the dependant of an eligible work visa or work permit holder (The visa or permit must still be valid)
I	I am a New Zealand Aid Programme student, studying in New Zealand and receiving Official Development Assistance funding (or their partner or child under 18 years old).
J	I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme
K	I am a Commonwealth Scholarship holder, studying in New Zealand and receiving funding from a New Zealand University under the Commonwealth Scholarship and Fellowship Fund

Please note:

You will need to provide proof of eligibility – your Passport and other documentation to demonstrate you are eligible to or intend to stay in New Zealand for the next 2 years.

Health Information Privacy Statement

I understand the following:

Access to my health information

I have the right to access (and have corrected) my health information under Rules 6 and 7 of the Health Information Privacy Code 1994.

Visiting another GP

If I visit another GP who is not my regular doctor I will be asked for permission to share information from the visit with my regular doctor or practice.

If I have a High User Health Card or Community Services Card and I visit another GP who is not my regular doctor, he/she can make a claim for a subsidy, and the practice I am enrolled in will be informed of the date of that visit. The name of the practice I visited and the reason(s) for the visit will not be disclosed unless I give my consent.

Patient Enrolment Information

The information I have provided on the Practice Enrolment Form will be:

- held by the practice
- used by the Ministry of Health to give me a National Health Index (NHI) number, or update any changes
- sent to the PHO and Ministry of Health to obtain subsidised funding on my behalf
- 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.

Health Information

Members of my health team may:

- add to my health record during any services provided to me and use that information to provide appropriate care
- share relevant health information to other health professionals who are directly involved in my care.

Shared Care Record

An electronic summary of my health information will be available to health professionals in hospitals and other settings who are directly involved in my care. If I do not want my information to be available on the Shared Care Record, I have the option to opt out, or to have specific health information excluded. For more information visit www.scr.org.nz

Audit

In the case of financial audits, my health information may be reviewed by an auditor for checking a financial claim made by the practice, but only according to the terms and conditions of section 22G of the Health Act (or any subsequent applicable Act). I may be contacted by the auditor to check that services have been received. If the audit involves checking on health matters, an appropriately qualified health care practitioner will view the health records.

Health Programmes

Health data relevant to a programme in which I am enrolled (eg: Breast Screening, Immunisation, Diabetes) may be sent to the PHO or the external health agency managing this programme.

Other Uses of Health Information

Health information *which will not include my name but may include my National Health Index Identifier (NHI)* may be used by health agencies such as the District Health Board, Ministry of Health or PHO for the following purposes, as long as it is not used or published in a way that can identify me:

- health service planning and reporting
- monitoring service quality
- payment.

Research

My health information may be used for health research, but only if this has been approved by an Ethics Committee and will not be used or published in a way that can identify me.

Except as listed above, I understand that details about my health status or the services I have received will remain confidential.

www.compasshealth.org.nz enquiries@compasshealth.org.nz

Wellington

Level 7, Freemason House
195-201 Willis Street, Wellington 6011
PO Box 27 380, Marion Square
Wellington 6141

Phone: 04 801 7808
Fax: 04 801 8715

Wairarapa

Waiata House 27-29 Lincoln Road
Masterton 5810
PO Box 314
Masterton 5840

Phone: 06 370 8055
Fax: 06 370 8454

INFORMATION FOR NEW PATIENTS TO THE WAIKANAЕ HEALTH CENTRE

If you are a new patient to the Waikanae Health Centre and live outside our practice area, please read this carefully and sign below to indicate your agreement and understanding.

Waikanae Health Centre provides a full service to all registered patients who live within the area from south of Te Waka Road, Te Horo in the north to north of Otaihanga Road, and Main Road South as far as Southwards Turnoff. This includes urgent housecalls, and access to medical services for 24hr emergencies.

We encourage patients from outside this area to register with a GP in their own locality. If you live **outside** this area, but wish to be seen as a casual patient at the Waikanae Health Centre, you may do so, but this is on the understanding that we are unable to respond to any requests for housecalls. This means that the on-call duty doctor will agree to see you if you can come to the Centre. You should also be aware that funding from the Capital and Coast DHB for projects such as COPD and Diabetes etc, will not be available to patients who live outside the geographical boundaries of the DHB, ie north of Peka Peka.

If you understand this arrangement, and still wish to register as a patient, please sign below. We would still advise you to make arrangements for any after hours service you may need with a doctor in your locality.

AGREEMENT:

I/We have read and understand the above statement of the Waikanae Health Centre. I am aware that Waikanae Health Centre doctors do not make housecalls to my area.

Signed: Date:

Print Full Name:

Chart No: