Te Korowai Hauora o Hauraki
210 Richmond Street, Thames 3500
P.O. Box 605, Thames 3540
Freephone 0508 tekorowai (0508 835676)
P: 07 868 0033
E: thames@korowai.co.nz
W: www.korowai.co.nz

TE KOROWAI HAUORA O HAURAKI

HAURAKI PHO HAURAKI PRIMARY HEALTH ORGANISATION NETWORK Matua Rōpu Hauora

Enrolment Form

				*NHI	
Title (Circle)	Mr Mrs Ms Miss Dr	*First Name(s)		*Family Name	
Preferred Name			Other names known by		
*Gender	☐Male	☐Female		*Place/Country of birth	
Physical Address	Street Number (Rapid)	Street		*Date of Birth	____/____/_____
	Suburb			Community Services Card	☐Yes ☐No Card No:_____ Expiry Date:____/____/_____
	City/Town	Postcode			
Postal Address				High User Health Card	☐Yes ☐No Card No:_____ Expiry Date:____/____/_____
Contact Details	Day Phone	Night Phone	Cell Phone	Email	
Emergency/Next of Kin Contact	Name of Contact Person	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	
Samoan	
Cook Islands Maori	
Tongan	
Niuean	
Chinese	
Indian	
Other (*please state*):	

Occupation	
Employer Name	
Address Line 1	
Address Line 2	
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 ☐N/A
I understand that transferring my medical records indicates that I will no longer be registered with: (insert previous Doctor's name):

Smoking Status Please circle which applies to you	***Never***	***Ex-Smoker***	***Current***

Please tick which is your preferred clinic (GP2GP address: tkorowai)

Thames Office ☐ 210 Richmond Street, PO Box 605 Thames 3540 Ph 07 868 0033 Fax 07 868 5389 **GP Medical Council No:** Dr Martin Mikaere - 66574	**Te Aroha Office** ☐ 221 Whitaker Street Te Aroha 3320 Ph 07 884 9208 Fax 07 884 7582 **GP Medical Council No:** Dr Sally Carter - 23127	**Paeroa Office** ☐ 43 Belmont Road Paeroa 3600 Ph 07 862 9284 Fax 07 862 9283 **GP Medical Council No:** NP Lynnie Baines - 128670	**Coromandel Office** ☐ 225 Kapanga Road Coromandel 3506 Ph 07 866 8084 Fax 07 866 7413 **GP Medical Council No:** Dr Matthias John - 58023

Whitianga Office ☐
2 Coghill Street
Whitianga 3510
Ph: 07 869 5244
Fax: 07 869 5288
GP Medical Council no:
Dr Ned Azar - 71503

Previous Clinic Details

Address		Nurse's Name	
Phone		**Fax**	

Other GP services I Have been to:

Name of Clinic	**Address**	**Phone**	**Fax**

See page 2 - for eligibility, consent and signature

NHI #:

I intend to use Te Korowai Hauora o Hauraki as my regular and on-going 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:
Please circle which applies

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***
Visa Sighted Yes / No
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.

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 ongoing provider of general practice / GP / First Level primary health care services.
- 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.
- I have read and I agree with the Health Information Privacy Statement. I agree to inform the practice of any changes in my eligibility.
- I am aware that a mobility toilet may not be available at my practice and I will discuss my needs with staff as required.

I consent to receiving text messages	☐Yes ☐No	I agree to receiving emails for health promotional purposes only	☐Yes ☐No

Signature: _____ Date: _____
OR Signed by designated signatory who is able to sign on behalf of client (ie: Parent/Guardian of child under 16 years of age)

Full name of signatory:		Relationship to client:	
Address		Phone number:	

Signature: _____ Date: _____

I would like to receive the quarterly Te Korowai newsletter via email	☐Yes ☐No	My email address to send the Te Korowai newsletter to is: (please provide email address in box on right) →→→	