



ENROLMENT FORM

65 Clyde Road, Browns Bay, Auckland 0630
 P: 09 479 4834 F: 09 478 5738 E: reception@bbfd.co.nz EDI: bbfd



Please **circle** preferred provider:

Dr Sheryl Howarth 19646 Dr Shashi Bhuthoji 22344 Dr Hind Al-Zubaidi 40992
 Dr Martin Hadler 13840 Dr TJ Choi 78860

NHI (Office use only)

*Legal Name	(Title)	Given Name	Middle Name(s)	Family Name
Other Name(s) (eg. maiden name /preferred name)				
*Birth Details		Day / Month / Year of Birth	Place of Birth	Country of birth
*Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Gender diverse (please state) + preferred pronouns + gender at birth (if different to identity)	
Optional	Marital status			Occupation

Usual Residential Address	House (or RAPID) Number and Street Name	Suburb/Rural Location	Town / City and Postcode
Postal Address (if different from above)	House Number and Street Name or PO Box Number	Suburb/Rural Delivery	Town / City and Postcode

Contact Details	Mobile Phone	Home Phone	Email Address
*Emergency Contact /NOK	Name	Relationship	Mobile (or other) Phone
2nd Contact/NOK	Name	Relationship	Mobile (or other) Phone

Community Services Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Day / Month / Year of Expiry	Card Number
High User Health Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Day / Month / Year of Expiry	Card Number

Transfer of Records	<i>In order to get the best care possible, I agree to the Practice obtaining my records from my previous Doctor. I understand that I will be removed from their practice register, as I am only able to be enrolled at 1 practice at a time in NZ</i>		
	<input type="checkbox"/> Yes, please request transfer of my records	<input type="checkbox"/> No transfer	<input type="checkbox"/> Not applicable
	Previous Doctor and/or Practice Name		Address / Location

Ethnicity Details Which ethnic group(s) do you belong to? Tick the space or spaces which apply to you	<input type="radio"/> Māori	Primary Language Spoken: IWI: * I understand that the Practice participates in a national survey about people's health care experience and how their overall care is managed. Taking part is voluntary and all responses will be anonymous. I can decline the survey or opt out of the survey by informing the Practice. The survey provides important information that is used to improve health services.
	<input type="radio"/> New Zealand European	
	<input type="radio"/> Samoan	
<input type="radio"/> Cook Island Māori	<input type="checkbox"/> I authorise Browns Bay Family Doctors to contact me via text message	
<input type="radio"/> Tongan	<input type="checkbox"/> I authorise Browns Bay Family Doctors to contact me via email non-secure)	
<input type="radio"/> Niuean		
<input type="radio"/> Chinese		
<input type="radio"/> Indian		
<input type="radio"/> Other (such as Dutch, Japanese, Tokelauan). Please state		

*My declaration of entitlement and eligibility

I am entitled to enrol because I am residing permanently in New Zealand.

The definition of residing permanently in NZ is that you intend to be resident in New Zealand for at least 183 days in the next 12 months

I am eligible to enrol because:

a **I am a New Zealand citizen** (If yes, tick box and proceed to I confirm that, if requested, I can provide proof of my eligibility below)

If you are **not** a New Zealand citizen please tick which eligibility criteria applies to you (b–j) below:

b	I hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010)	<input type="checkbox"/>
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	<input type="checkbox"/>
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)	<input type="checkbox"/>
e	I am an interim visa holder who was eligible immediately before my interim visa started	<input type="checkbox"/>
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	<input type="checkbox"/>
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 in the control of the Chief Executive of the Ministry of Social Development	<input type="checkbox"/>
h	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)	<input type="checkbox"/>
i	I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme	<input type="checkbox"/>
j	I am a Commonwealth Scholarship holder studying in NZ and receiving funding from a New Zealand university under the Commonwealth Scholarship and Fellowship Fund	<input type="checkbox"/>

I confirm that I have provided proof of my eligibility

Evidence sighted (Office use only)

*My agreement to the enrolment process

NB. Parent or Caregiver to sign if you are under 16 years

I intend to use this practice as my regular and on-going provider of general practice / GP / health care services.

I understand that by enrolling with Browns Bay Family Doctors I will be included in the enrolled population of Comprehensive Care, and my name, address and other identification details will be included on the Practice, PHO, and National Enrolment Service Registers. Personal details and clinical notes may be shared with other Health Providers, or third-party requests as part of my healthcare e.g. ACC, Insurance Company requests, Ministry of Health, WINZ etc.

I understand that if I visit another health care provider where I am not enrolled, I may be charged a higher fee.

I have been given information or informed about the benefits and implications of enrolment and the services this practice and PHO provides along with the PHO's name and contact details.

I have read and I agree with the Use of Health Information Statement. The information I have provided on the Enrolment Form will be 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.

I understand that the Practice participates in a national survey about people's health care experience and how their overall care is managed. Taking part is voluntary and all responses will be anonymous. I can decline the survey or opt out of the survey by informing the Practice. The survey provides important information that is used to improve health services.

I agree to inform the practice of any changes in my contact details and entitlement and/or eligibility to be enrolled.

Acceptance of terms and conditions of credit:

- All accounts are payable within 14 days following the date that services are provided
- I shall pay or reimburse you all costs and/or expenses incurred by you instructing a solicitor and/or debt collecting agency to recover any amount overdue for payment by me. An administration fee of \$20.00 per statement may be added.
- I agree to be bound by the above terms and conditions in respect to this and all future transactions.

Signatory Details	*	<input type="checkbox"/>	<input type="checkbox"/>
	Signature	Day / Month / Year	Self-Signing Authority

An authority has the legal right to sign for another person if for some reason they are unable to consent on their own behalf.

Authority Details (where signatory is not the enrolling person)	*		
	Full Name	Relationship	Contact Phone
Basis of authority (e.g. parent of a child under 16 years of age)			



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Consent to receive Test results and other Personal Health information via Manage My Health

Manage My Health is a secure online website that provides a safe, easy, and convenient way for me to manage more of my own health care.

I understand that signing this form gives Browns Bay Family Doctors full permission to use the email that I have provided below to register me for **Manage My Health** Level 2 access.

I acknowledge that I have had the opportunity to discuss any questions or concerns that I have regarding receiving my personal health information (including test results) via **Manage My Health** with staff at Browns Bay Family Doctors.

I, _____ DOB: _____

give my full permission to receive my personal health information (including test results) via **Manage My Health**. I realize that this communication will be sent over a secure network, but that confidentiality is not guaranteed. By signing this consent, I absolve Browns Bay Family Doctors of any liability and wrong-doing should my information be accessed by any unauthorized persons.

Furthermore, the email address I have provided below has been nominated by myself and is the address to which I request all notifications regarding my personal health information from **Manage My Health** be sent. I understand and accept that it is my responsibility to notify Browns Bay Family Doctors and sign a new consent form should this email address change in the future.

I understand that it can take up to seven working days after having blood tests for the results to become available in **Manage My Health**. I acknowledge that checking my results earlier than this may not provide me with a complete picture of my health. I also accept that it can take more than two weeks for other tests (such as cervical smears & histology specimens) to be reported on. I agree to check my test results in **Manage My Health** after two weeks as well.

Email address: _____

Cell phone: _____

Patient Signature: _____ Date: _____



Browns Bay Family Doctors Medical Questionnaire

Name: _____ **DOB:** _____

The questions within this questionnaire relate to your health and provide us with vital information to help us with your healthcare, thank you for taking the time to complete it.

For Children: please provide Immunisation records.

Past Medical Problems: Have you ever had;

	Yes	No	Don't Know		Yes	No	Don't Know
High blood sugar				High blood pressure			
Angina or heart attack				Allergies including medications (give details below)			
Asthma or lung disease				Stroke or transient ischaemic attack			
High cholesterol				Heart murmur			
Rheumatic fever				Cancer			
Depression				Hepatitis			
Cataract							
Operations (give details below)				Admissions to hospital (give details below)			

Please give details of these or **other medical problems:**

Please list medications below:

Are you a smoker ex-smoker never smoked vaper

If current smoker how many cigarettes ___ per day for how many years ___?

If smoker, would you like help or advice to stop? Yes No

If ex-smoker, when did you stop: _____, prior to stopping how many cigarettes did you smoke ___ per day for how many years ___?

Please indicate how much alcohol you drink on average _____ drinks per week/day

Your Family:

Has anyone in your family (mother, father, brother, sister, or children) EVER had:

	Yes	No	Who		Yes	No	Who
Hepatitis				Diabetes			
Heart trouble				Cancer			
Blood pressure				Glaucoma			
Asthma				Other serious illness			

Please give details:

Women only:

Have you ever had a smear test? Yes / No _____ When? _____ Where?

Have you ever had an abnormal smear test? Yes / No

Have you had any children? Yes / No

Have you ever had a baby more than 4kg / 9lb? Yes / No

Have you ever had a mammogram? Yes / No _____ When? _____ Where?

Men over 50yrs only:

Have you ever had a prostate check? Yes / No ___

Enrolling with General Practice

General practice provides comprehensive primary, community-based and continuing patient-centered health care to patients enrolled with them and others who consult. General practice services include the diagnosis, management and treatment of health conditions, continuity of health care throughout the lifespan, health promotion, prevention, screening, and referral to hospital and specialists.

Most general practice providers are affiliated to a PHO. The fund-holding role of PHOs allows an extended range of services to be provided across the collective of providers within a PHO.

Enrolling with a Primary Health Organisation (PHO)

What is a PHO?

Primary Health Organisations are the local structures for delivering and co-ordinating primary health care services. PHOs bring together doctors, nurses and other health professionals (such as Maori health workers, health promoters, dietitians, pharmacists, physiotherapists, mental health workers and midwives) in the community to serve the needs of their enrolled populations. PHOs receive a set amount of funding from the government to ensure the provision of a range of health services, including visits to the doctor. Funding is based on the people enrolled with the PHO and their characteristics (e.g. age, gender, and ethnicity). Funding also pays for services that help people stay healthy and services that reach out to groups in the community who are missing out on health services or who have poor health.

Benefits of Enrolling

Enrolling is free and voluntary. If you choose not to enroll you can still receive health services from a chosen GP/general practice/ provider of First Level primary health care services. Advantages of enrolling are that your visits to the doctor will be cheaper and you will have direct access to a range of services linked to the PHO.

How to I enrol?

To enrol, you need to complete an Enrolment Form at the general practice of your choice. Parents can enroll children under 16 years of age, but children 16 years and over need to sign their own form.

Q & A

What happens if I go to another General Practice?

You can go to another general practice or change to a new general practice at any time. If you are enrolled in a PHO through one general practice and visit another practice as a casual patient you will pay a higher fee for that visit. So if you have more than one general practice you should consider enrolling with the practice you visit most often.

What happens if the general practice changes to a new PHO?

If the general practice changes to a new PHO the practice will make this information available to you.

What happens if I am enrolled in a general practice but don't see them very often?

If you have not received services from your general practice in a 3 year period it is likely that the practice will contact you and ask if you wish to remain with the practice. If you are not able to be contacted or do not respond your name will be taken off the Practice and PHO enrolment Registers. You can re-enrol with the same general practice or another general practice and the affiliated PHO at a later time

How do I know if I'm eligible for publicly funded health and disability services?

Talk to the practice staff, call 0800 855 151, or visit <http://www.moh.govt.nz/eligibility> and work through the Guide to Eligibility Criteria.

Health Information Privacy Statement

I understand the following:

I have the right to access (and have corrected) my health information under Rules 6 & 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 Cared 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 the 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
- share relevant health information to other health professionals who are directly involved in my care

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 (e.g. 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 within the medical practice unless I give specific consent for this information to be communicated.