

ONSLOW MEDICAL CENTRE - PATIENT ENROLMENT FORM

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

Family Name: *		Given Name/s: *	
Date of Birth: *		NHI:	
Gender: *	M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>	Country of Birth: *	
If other gender please state		Place of Birth: *	
Address: *		Postal Address: <i>(if different from physical address)</i>	
E-mail: *			
Phone Number/s: *	(h)	(w)	(mob)
Smoking Status: (please circle)	Current Smoker	Ex-Smoker – Date Quit	Never Smoked
Emergency Contact:	<i>Relationship:</i>		<i>Contact Number:</i>
Community Services Card:	Y / N	<i>Exp:</i>	<i>#:</i>
High User Card:	Y / N	<i>Exp:</i>	<i>#:</i>

* I am eligible to enrol in Compass PHO. I choose to use this Practice as my regular and on-going 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** 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 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.
- **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.

* Which ethnic group do you belong to?	
<i>Tick the space or spaces that apply to you</i>	
▪ New Zealand European	<input type="checkbox"/>
▪ Maori – Name of IWI	<input type="checkbox"/>
▪ Samoan	<input type="checkbox"/>
▪ Cook Island Maori	<input type="checkbox"/>
▪ Tongan	<input type="checkbox"/>
▪ Niuean	<input type="checkbox"/>
▪ Chinese	<input type="checkbox"/>
▪ Indian	<input type="checkbox"/>
▪ Other (such as Dutch, Japanese, Tokelauan) <i>Please state:</i>	

*** SIGNED:** _____ *** DATE:** _____

or * SIGNED AUTHORITY: _____ *** DATE:** _____

Transfer of Medical Notes Request

ONSLow MEDICAL CENTRE

125 Moorefield Rd
Johnsonville
Wellington 6037

Ph:(04) 478-9999

Fax: (04) 478-9998

Email: admin@omc.co.nz

EDI: onslowmc

For GP2GP:

Dr Alison Craig	NZMC: 14041
Dr Shane Dunphy	NZMC: 13189
Dr Tim Jefferies	NZMC: 21404
Dr Atikah Razley	NZMC: 66451
Dr Greg Bond	NZMC: 61183
Dr Anasuya Vishvanath	NZMC: 66637
Dr Linda Mellor	NZMC: 23617
Dr Vipul Patel	NZMC: 36531

To Dr (Previous Doctor) Date:.....

Medical Centre:

Address:

Phone: Fax:

PLEASE NOTE: Signatures are required for all family members over the age of 16 years

The following patient(s) have joined our Medical Centre:

Surname	First name	D.O.B	NHI	Signature

Could the medical notes of the above named people please be forwarded to: Onslow Medical Centre by GP2GP, via EDI or by post

ONslow MEDICAL CENTRE



Payment Terms

The following is our payment policy:

We pride ourselves on giving you the best possible general medical care available, but in order to do that and to keep our charges at a reasonable level we would like you to be aware of our policy with regard to non-payment of your account. This is as follows:

- Payment for your consultation is expected on the day.
- When payment is not made on the day, an administration fee of \$8.00 will be added to the invoice.
- Credit extending past one month must be arranged with the Practice Manager or the Doctor concerned, and alternative arrangements made for payment.
- All accounts extending past the 60 day due period will be sent to a debt collection agency (unless credit arrangements have been made) and the costs associated with this will be added to the patient's account for payment.
- Onslow Medical Centre reserves the right to vary this policy as it sees fit.

If you should have any queries regarding this policy, please do not hesitate to contact me.

We would appreciate your signature at the bottom of this form acknowledging that you have read this policy and understand the implications of non-payment.

Tracey Wynne
Practice Manager

I acknowledge that I have read the above policy and agree to abide by these terms of payment.

Name:.....Signature:.....
(Print full name and sign – one per family)

Health Care Online via Manage My Health (MMH)

Please read and sign the consent form below if you wish to sign up for MMH

MMH is a web site for you; it uploads your information from our computer to a secure web server. It is a place where you can access your health information online, it's easy and confidential. We fully support the concept of a patient held electronic health record. For us, it is a way to receive secure electronic messages from you, which will help us manage the day to day running of our medical centre.

IMPORTANT – THIS IS A NON-URGENT SERVICE. PLEASE DO NOT USE THIS MMH TO COMMUNICATE ACUTE SERIOUS PROBLEMS TO YOUR DOCTOR. PLEASE PHONE US ON (04)478 9999 FOR ADVICE ON URGENT MATTERS.

ONLINE APPOINTMENTS

We encourage you to book your medical appointments online. All online appointments will incur a standard consultation fee which is to be paid on the date of the appointment. Cancellations must be made within 24 hours of the confirmed appointment. Failure to attend the appointment or cancel within 24 hours of the appointment will incur a fee. If you require a special appointment or a longer/double appointment, please phone reception on (04) 478 9999 to book.

REPEAT PRESCRIPTIONS

We encourage you to use the Request Prescription service. This service is only available for medications you are on long term. Please allow 48 business hours for this service. Extra costs will apply for urgent or faxed scripts.

TEST RESULTS

We would like to use MMH as 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. We recommend you do not switch off the automatic notification box in your inbox setup, so you can receive these messages. Your "Lab Results" section in the "Health Summary" option will have your results. One column has your Doctors comments on the test. For more detail click the blue "I" button. Please read your doctor's comments and take any action recommended.

If there are abnormalities we will endeavour to contact you through other channels, including phone and letter.

EMAIL CONSULTATION VIA MMH

Not all doctors or nurses will respond to email requests. An automatic reply will be sent back to you if you need to phone the surgery for follow-up. If your request is too complex you may be asked to make an appointment for a consultation or pay a fee for the service. The doctor who receives your message has sole discretion as to if your request will incur a fee. This will vary on time taken.

HEALTH INFORMATION

If you see incorrect information in the Health Summary, please contact the practice so we can correct the information or in MMH there is an option to email advice of any changes.

GENERAL CONDITIONS

All messaging services are non-urgent services and we will attempt to answer your query within 48 business hours. Misuse of this service will result in suspension of your MMH account.

TECHNICAL SUPPORT

The website is provided by Medtech Global, a New Zealand company that provides the software that Onslow Medical Centre uses. They are unable to see your information, as it is encrypted.

.....
I have read and understand the above information.

I am aware that this is a non-urgent service and for acute serious problems I will call the Onslow Medical Centre on (04) 478 9999, or phone 111 in an emergency.

I am aware that misuse of this service will result in suspension of my Manage My Health account.

Name..... Date of Birth:

Signed: Date:.....

Email login for MMH:

(We will need a private email, rather than one you share with your family)