PATIENT ENROLMENT FORM – COURTENAY MEDICAL

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

Family Name:*		**Given Name/s:***	
Title:	Mr Mrs Ms Miss Mast Dr	**Preferred Name:**	
Date of Birth:*		**NHI***	
Gender:*	M ☐ F ☐ Other ☐	**Country of Birth:***	
If other gender please state:		**Place of Birth:***	
Address:*		**Postal Address:** *(if different from physical address)*	

Email:*			
Phone Number/s:*	(h)	(w)	(mob)
Emergency Contact:*	***Name:***	***Relationship:***	***Contact number:***

MMH – Patient Portal
I would like to register for the Patient Portal Manage My Health Yes or No

Do you permit us to contact you by text message or email for things such as appointment reminders/results?
Text: Yes or No Email: Yes or No

I am eligible to enrol in Compass PHO. I choose to use this Practice as my regular 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: ☐ Visa start date: _____ Visa expiry date: _____

- **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. Taking part is voluntary and responses are anonymous.

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

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

***RELATIONSHIP TO PATIENT:** _____

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

***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** *(Please state)**:***	
Iwi:	

Community Services Card:

Yes or No

Card No.: _____

Expiry Date: _____ / _____ / _____

Office use only:
Enrolling with doctor: _____
Chart No. _____
Evidence / ID sighted: **y / n / na**

Courtenay Medical

Level 5 Symes de Silva House
97-99 Courtenay Place, Wellington
Phone: 04 801-5228 Email: reception@cmed.co.nz

Dr Dave Pickett NZMC: 15315 ☐
Dr Debbie Taylor NZMC: 50555 ☐
Dr Zoe Fudakowski NZMC: 61841 ☐
Dr Rathi Rajasekaran NZMC: 73078 ☐

Medical Records Transfer Request Healthlink EDI: courteny

Date: / /

Dear Colleague:

Thank you for taking care of this patient in the past. This person, (and the family members listed below), has asked to enrol with this practice, and has been accepted.

Our preferred method of transfer is GP2GP.

Previous Medical Centre Name and Address:

_____

_____

"I give consent to transfer my medical records, and those of my family"

Name	Date of Birth	Signature	NHI

Please note any person over the age of 16 is required to sign for their own medical records

Many Thanks

Reception

THE INFORMATION CONTAINED IN THIS DOCUMENT IS CONFIDENTIAL TO THE ADDRESSEE AND IS LEGALLY PRIVILEGED. IF THE READER IS NOT THE INTENDED RECIPIENT, PLEASE NOTE THAT YOU MAY NOT USE ANY MATERIAL IN THIS MESSAGE OR PASS IT ON TO OTHERS. IF YOU HAVE RECEIVED THIS MESSAGE IN ERROR PLEASE NOTIFY US IMMEDIATELY. THANK YOU.

For office use only: Chart Number [ ]

Courtenay Medical

Terms and Conditions

1. **Payment for consultations is required on the day of consultation, including telephone consultations, which incur a normal consultation fee.**
   - Payment is accepted by Cash, Eftpos, Visa or MasterCard
   - An account fee of $8.00 will be charged for any account more than 10 days overdue
   - There is a charge of $25 for repeat prescriptions. These will only be issued for regular medications and if you have been reviewed by the doctor within the last 12 months, **48 Hours' notice is required for this service**.

     If you are unable to settle your account on the day of consultation, you must advise reception of this prior to your consultation.

2. **Appointments - Making the most of your consultation**
   - Our standard appointments are 15 minutes
   - If you require extra time please let Reception know at the time of making your appointment
   - An additional fee will be charged for appointments longer than 15 minutes
   - Each family member should have their own appointment time
   - It is your responsibility to diarise your appointment time as text reminders may not always be sent
   - We require 4 hours' notice for any cancellation. Failing to attend an appointment will result in a cancellation fee being charged
   - Please turn off your cell phone during consultation time
   - Unexpected urgent problems or emergencies affecting other patients will sometimes occur and may delay the time you see your doctor. If you think you have been waiting too long please tell one of our receptionists
   - Prioritise the things you wish to discuss
   - Generally the Doctor can cover 1-2 things during your 15 minute appointment time

3. **Please advise us of any changes to your contact details or eligibility status.**

I acknowledge that I have read the above and agree with these terms and conditions

Signed: …… Patient Name: ……

For office use only: Chart number ☐

Courtenay Medical

Healthcare Online Consent Form

ManageMyHealth™ (MMH) is a patient portal giving you access to your medical information online or via your mobile phone APP. It uploads specific medical information from our system to a secure web server. You can order repeat prescriptions, see laboratory results and make routine appointments.

IMPORTANT
PLEASE DO NOT USE MANAGEMYHEALTH™ TO COMMUNICATE ACUTE SERIOUS PROBLEMS TO YOUR DOCTOR.
Phone the surgery for advice in the usual manner.

ONLINE APPOINTMENTS
We encourage you to book appointments online. If you need longer than the standard 15 minutes please call and book a double appointment. **Please note you that you cannot book same day appointments online.**

ROUTINE REPEAT PRESCRIPTIONS
Please allow 48 hours for this service. This service is only available for long term medications. You will receive a text when the prescription has been sent electronically to your pharmacy. For urgent prescriptions please phone the practice. Standard prescription fees apply.

TEST RESULTS
ManageMyHealth™ is one of the ways of notifying you of 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. PLEASE DO NOT SWITCH OFF THE AUTOMATIC NOTIFICATION BOX IN YOUR **MANAGEMYHEALTH™** INBOX SETUP.
The 'Health Summary' option contains 'Lab Results' section. Your doctor's comments appear in a column alongside. Please read your doctor's comments and take any actions recommended. We will contact you if there are any abnormal results.

TECHNICAL SUPPORT
If you have any problems with the website, please go to http://www.ManageMyHealth™.co.nz/ContactUs or email support@managemyhealth.co.nz
They are unable to see your information, as it is encrypted.

TERMS AND CONDITIONS

- I am 16 yrs or above and I have read and understand the above information.
- I will use ManageMyHealth™ to check lab results & action the doctor's recommendations.
- I am aware that for acute serious problems I will call the surgery on 04 801 5228, or dial 111 in an emergency.
- I am aware that services provided via ManageMyHealth™ incur fees and are subject to Courtenay Medicals standard payment terms.

Name: _____ DOB: _____ / _____ / _____

Signed: _____ Date: _____ / _____ / _____

Email login for ManageMyHealth™: _____

Email address must be secure, private per person and not a family or shared email address

Courtenay Medical

New Patient Questionnaire

The relationship between Courtenay Medical and a patient is built on trust, honesty and sharing of information. We kindly ask that you complete this questionnaire as much as possible, as this will help us to identify and serve your medical needs in the best possible way.

Please circle No or Yes where applicable

NAME: _____

CHART NO: _____

Medications

Please list any medications you are currently taking.		
Are you allergic to any medications?	**No**	**Yes** (please list)

Medical History

Do you have any long-term illness or disability? (E.g. heart disease, diabetes, asthma, depression, eczema etc.)	**No**	**Yes** (please list)
Have you been in hospital for any illness OR been treated at home for any serious illness?	**No**	**Yes** (please list)
Have you ever seen a specialist about a medical issue?	**No**	**Yes** (please list)
Apart from any illness referred to above, have you ever had any special tests? (E.g. gastroscopy, cardiograph etc.)	**No**	**Yes** (please list)
Have you, or your family, had any infectious diseases? (E.g. hepatitis B, hepatitis C, HIV, tuberculosis etc.)	**No**	**Yes** (please list)

Lifestyle Information

Are you a current smoker of tobacco?	**No**	**Yes**	**Number per day** _____
Have you ever smoked tobacco?	**No**	**Yes**	**Number per day** _____ **Year ceased smoking** _____
Do you consume alcohol?	**No**	**Yes**	_____ **drinks per day/week**
Do you take recreational drugs? (E.g. cannabis, heroin,	**No**	**Yes**	**Yes** (please list)

methamphetamine, party pills, ecstasy).			
Do you or anyone in your family have a problem with gambling?	**No**	**Yes**	**Yes** (please list)

Family History

Have any of your blood relatives suffered any of the following? Please state which relative (i.e. mother, father, brother, aunt etc. and the approximate age of diagnosis of the illness) if your answer is yes.

Heart disease under the age of 65	**No**	**Yes**
Diabetes	**No**	**Yes**
Stroke	**No**	**Yes**
Asthma	**No**	**Yes**
Bowel cancer	**No**	**Yes**
Breast cancer	**No**	**Yes**
Other cancers	**No**	**Yes**
Glaucoma	**No**	**Yes**
Any other inherited disease	**No**	**Yes**

Female Patients

Do you have any children?	**No**	**Yes** **What year were they born? _____** **_____**
Have you had any other pregnancies?	**No**	**Yes** (please specify)
Are you taking any contraception?	**No**	**Yes** (please specify)
When was your **last cervical smear** test?	**Year _____**	
Have you ever had treatment to your cervix?	**No**	**Yes** (please specify)
When was your **last mammogram**?	**Year _____**	
Have you ever had a follow-up or treatment after a mammogram screening?	**No**	**Yes** (please specify)

Health Information Privacy Statement

I understand the following:

1. This practice holds a contract for general practice services with Tū Ora Compass Health PHO, which is a not for profit organisation contracted to support the delivery of high quality primary care services.
2. By enrolling with this Practice, I become part of the Tū Ora Compass Health PHO enrolled population. The information I have provided on the Practice Enrolment Form will be shared with Tū Ora Compass Health PHO and the Ministry of Health in order to establish my eligibility for subsidised health care. Enrolment information may also be shared with other government agencies such as Immigration NZ (where this is relevant to my enrolment eligibility) and Ministry of Social Development (where this is relevant to additional subsidies eligibility).
3. Health information about me such as medical diagnoses, laboratory test results, radiology test requests, prescribed medications, immunisations given, screening investigations such as breast screening, and other clinical and administrative data will be shared with Tū Ora Compass Health PHO who may use it to:
    a. Provide quality improvement feedback to GPs and nurses and others in my practice
    b. Plan, deliver, fund, monitor, and improve health services
    c. Contact me directly or via the Practice in relation to services I have used, or may wish to use.
4. The health information about me that is shared with the Tū Ora Compass Health PHO may change from time to time. Any information collection changes are overseen by a Tū Ora Compass Health PHO governance process and changes will be posted to the Tū Ora Compass Health PHO website.
5. My health data may be shared with external health agencies, where this is relevant to a publicly funded national or regional programme, including Breast Screening, Bowel Screening, Immunisation, Diabetes.
6. I have the right to access (and have corrected) my health information from my Practice and/or the Tū Ora Compass Health PHO under Rules 6 and 7 of the Health Information Privacy Code 2020.
7. My Health Information will only be held so long as is necessary for Tū Ora Compass Health PHO to perform its duties.
8. Members of my health team may add to my health record during any services provided to me and may share relevant health information with other health professionals who are involved in my care.
9. An electronic “Shared Care Record” allows authorised health care providers such as afterhours GPs and hospital clinicians access to a summary of information from my Practice, including laboratory test results, medical conditions, allergies, and prescribed medications. I can choose to opt out of the electronic Shared Care Record by telling my Practice, but if I choose to withhold my information, clinicians involved in my care may not immediately have important health information available when providing care to me.
10. If I visit a GP at another Practice who is not my regular doctor, I may be asked for permission to share information from the visit with my regular GP or practice. If I am under 18 or 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.
11. If my Practice is audited, my health information may be reviewed by an auditor for checking a financial claim made by the Practice. I may be contacted by the auditor to check that I have received services. If the audit involves checking health information, an appropriately qualified health care practitioner will view the health records.
12. 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. I understand that I may also be contacted and asked to consent to participate in research and that if I decline to participate this will not affect the care I receive.
13. I understand that individuals and organisations that may have access to my health information are subject to the Health Information Privacy Code, and are required to keep my information secure.
    Office of the Privacy Commissioner | Health Information Privacy Code 2020
    For more information on health information collected by Tū Ora Compass Health PHO see: tuora.org.nz

Courtenay Medical

New Patient Information Sheet

Appointments - Making the most of your consultation

- Our standard appointments are **15** minutes
- We do also offer telephone consultations
- A **GP Triage** service is also available for urgent same day appointments. This is a 5-minute telephone consultation with a Dr. If the problem can be resolved over the phone there will be a $30 charge, otherwise the Dr will make an appointment available on the day
- Each family member should have their own appointment time
- Prioritise the things you wish to discuss
- Generally the Doctor can cover 1-2 things during your 15 minute appointment time
- If you require extra time please let Reception know at the time of making your appointment
- It is your responsibility to diarise your appointment time as text reminders may not be sent
- An additional fee will apply for appointments longer than 15 minutes
- We require 4 hours' notice for any cancellation. This must be done by calling the practice and please leave a message if you cannot get through to speak to reception.
- Failing to attend an appointment will result in a cancellation fee being charged

Unexpected urgent problems or emergencies affecting other patients will sometimes occur and may delay the time you see your doctor. If you think you have been waiting too long please tell one of our receptionists

Payment for your consultation is required on the day of consultation, unless prior arrangements have been made. This included telephone consultations, which incur a normal consultation fee

- Payment is accepted by Cash, Eftpos, Visa or MasterCard
- At the end of each month an account fee of **$8.00** will be charged for any account overdue and a statement of account will be issued in these cases

Prescriptions

- Repeat prescriptions should be requested using the patient portal Manage My Health unless an URGENT/SAMEDAY prescription is needed. Patients needing an urgent script must call the medical centre on 04 801-5228. Requests need to be made by 12.00pm to be processed that day
- The fee for an urgent prescription is **$35**
- All prescriptions are issued electronically and are sent directly to the pharmacy of your choice
- Repeat prescriptions will **only** be issued for regular medications and if you have been reviewed by the doctor within the last 12 months
- There is a charge of **$25** for repeat prescriptions
- **48 Hours' notice is required for this service**

Patient Portal – Manage My Health (MMH)

- Only standard 15 minute GP appointments can be booked online. For urgent/same day and all other appointments call Reception on 801 5228

  Please remember that an email does not replace a GP or nurse consultation

- In some cases where your doctor has asked you to email them with information there will be no charge. They will advise you of this at the time
- Please **DO NOT** use the Update Contact Information Service to send messages. This is only to be used for updating contact details. This is a no reply service and will not be responded to

Email

- **NO** urgent messages should be emailed. We endeavour to reply as soon as we can but there may sometimes be a delay.
- Emails **cannot** be used for seeking appointments or medical advice. To do this please call Reception to make an appointment on 04-801-5228
- Do not email if you need to cancel an appointment. Please phone the practice
- If there is a medical emergency, please call an ambulance, police or fire on 111

Website

- Please visit our website on www.cmed.co.nz
- This is updated regularly with all the latest health information as well as important patient notices