PENINSULA
MEDICAL CENTRE

peninsula medical centre
58 Miramar Avenue,
Miramar, wellington, 6022
ph (04) 3808855
fax (04) 3809655

PENINSULA MEDICAL CENTRE ENROLMENT PROCESS

Thank you for choosing Peninsula Medical Centre as your main health care provider.
It is free to enrol or register with a GP. Please complete the steps below:

1. ELIGIBILITY

To be eligible to enrol, you **must meet the criteria** outlined on page 7 of this document.

Please present evidence of your eligibility with your enrolment.

Please note, if you present your New Zealand Passport this will cover both your eligibility and photo ID requirement (point 3).

If you do not meet the criteria, unfortunately you are not eligible for government funding, but are welcome to see our doctors at the unsubsidised cost.

2. ENTITLEMENT

To be entitled to enrol, you **must be residing** in New Zealand for at least 183 days in the next 12 months. Please note this applies to all New Zealand citizens.

3. PHOTO IDENTIFICATION

Examples of appropriate photo identification include (but are not limited to):

- Passport
- Drivers licence
- 18+ Card

Please note, if you present your New Zealand Passport this will cover both your photo ID and eligibility requirement (point 1).

We understand it can be hard to obtain documentation for children, so where possible, please provide birth certificates.

4. COMPLETION OF THIS DOCUMENT

Please **complete all forms** attached in this document. Please ensure all questions are answered, and that you have dated and signed the forms where appropriate.
The only form that is optional is to sign up to Manage My Health.

5. RETURNING YOUR DOCUMENTS

Please return all your documents to reception by:

- Visiting us at 58 Miramar Avenue, Miramar, Wellington.
- Emailing reception@peninsulamedical.co.nz
- Calling us to book an appointment on 04 380 8855 and completing the forms before your appointment.

PENINSULA MEDICAL CENTRE ENROLMENT FORM

PENINSULA MEDICAL CENTRE — Tū Ora COMPASS HEALTH

First name:		**Middle name(s):**	
Surname:		**Sex:**	☐ Female ☐ Male
Preferred pronoun e.g. Ms		**Gender (optional):**	
Date of birth:		**NHI (if known):**	

City/town of birth:		**Country of birth:**	
Residential Address:		**Postal Address:** (if different from residential)	

Phone numbers:	(h)	(w)	(mob)
Email address:			
Emergency contact:	Name:	Relation:	Contact:

Do you have a community services card? (please present your card to reception) ☐ Yes ☐ No

Do you permit us to **contact you by text message or email** for things such as appointment reminders, receipts or to inform you of normal test results?

Email:
- ☐ Yes
- ☐ No

Text:
- ☐ Yes
- ☐ No

Please select the ethnicity group(s) you belong to:

- ☐ NZ European
- ☐ Maori
- ☐ Samoan
- ☐ Cook Island Maori
- ☐ Tongan
- ☐ Niuean
- ☐ Chinese
- ☐ Indian
- ☐ Other: ___________________

✓ I choose Peninsula Medical Centre as my regular provider of general practice and 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

☐ I am eligible because I meet the criteria laid out in the Eligibility Guide, corresponding with letter: **(please circle)**

B	C	D	E	F	G	H	I	J	K

I am signing this form in acknowledgment that:

- ✓ **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.

Signed: ____ Date: ______________________________

Relationship and name if signed by guardian/authority: ____

Please note: Any person over the age of 16 years is required to sign their own enrolment form.

PATIENT MEDICAL HISTORY

Name		**Date of Birth**	

Medications	
Current medications	☐ None ☐ Yes, please list:
Drug allergies	☐ None ☐ Yes, please specify:
Other significant allergies	☐ None ☐ Yes, please specify:

Immunisations	
For under 16-year olds, what childhood immunisations have been given?	
Date of last Tetanus – if known	
Other	

Personal Medical History

Please tick any relevant categories that apply to your health

☐ *Anxiety*
Onset Date: ____________
Details: ____________________________________
____

☐ *Asthma*
Onset Date: ____________
Details: ____________________________________
____

☐ *Cancer*
Onset Date: ____________
Details: ____________________________________
____

☐ *Depression*
Onset Date: ____________
Details: ____________________________________
____

☐ *Diabetes*
Onset Date: ____________
Type: __________________

☐ *Heart disease*
Onset Date: ____________
Details: ____________________________________
____

☐ *High blood pressure*
Onset Date: ____________
Details: ____________________________________
____

☐ *Other*
Onset Date: ____________
Details: ____________________________________
____

Please complete the next page

Personal Medical History continued…	
Please specify details on any: • Operations • Significant injuries or accidents • Long term disabilities	☐ None ☐ Yes, please specify:

Family Medical History	
Please tick any category that applies to your parents, siblings or children	
☐ *Anxiety* Relation: ___________	☐ *Heart disease* Relation: ___________
☐ *Cancer* Relation: ___________ Specify cancer: ________________________	☐ *High blood pressure* Relation: ___________
☐ *Depression* Relation: ___________	☐ *Other* Relation: ___________ Specify: _______________________________
☐ *Diabetes* Relation: ___________ Type: ______________	☐ *Stroke* Relation: ___________

Lifestyle (15 years and older)		
Smoking	Are you a current smoker? ☐ No ☐ Yes ***If yes,*** *the best thing for your health is to quit. Can we help you with this?* ☐ No ☐ Yes - a nurse will be in contact with you :)	**If no,** have you ever smoked? ☐ No ☐ Yes *If yes, when did you quit?*
Alcohol	Do you drink alcohol? ☐ No ☐ Yes ***If yes,*** *how many glasses per week do you consume?* __________________	

Women only to complete	
Cervical Smears	Date of last smear ______________________ Have you had any abnormal smears? ☐ No ☐ Yes, please specify:
Mammograms	Date of last mammogram___________________ Have you had an abnormal mammogram? ☐ No ☐ Yes, please specify:

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REQUEST TO HAVE MEDICAL RECORDS TRANSFERRED

Today's Date	

Previous Medical Centre	
Address (or location)	
Fax Number	

I authorise the transfer of my/our medical records to Peninsula Medical Centre

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

First Name		**Surname**		**DOB**	
First Name		**Surname**		**DOB**	
First Name		**Surname**		**DOB**	
First Name		**Surname**		**DOB**	

Signature		**Name and relationship** (if guardian signed on behalf)	

Please send my medical notes to the doctor selected below

✓	**Doctor**	**NZMC**	✓	**Doctor**	**NZMC**
	Rose Dodd	13180		Nina Baker	59689
	Jeffrey Law	16532		Joanna White	17487
	Chitra Karunanidhi	28056		Eli Botella Ruiz	70050
	Ken Looi	33166		Tricia Briscoe	15129

Our preferred method of transfer is *GP2GP*. Our EDI is: *pnsulawn*

For notes that cannot be sent via GP2GP, please post to: *PO Box 15245, Wellington, 6243.*

Important: All the material in this facsimile is confidential to the addressee and protected by legal privilege. If the reader is not the intended recipient, please note that you may not use any material in this transmission nor pass it on to others. Please notify the sender promptly of having received this message in error and they will arrange collection.

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PENINSULA MEDICAL CENTRE

MANAGE MY HEALTH – terms and conditions

www.managemyhealth.co.nz **www.peninsulamedical.co.nz**

Manage my health (MMH) is a web site for you, which uploads patient information from our computer to a secure web server (same technology as internet banking) and you can access it via a computer or mobile phone app. MMH is a place where you can access medical information specific to yourself e.g. laboratory results, order repeat prescriptions and make routine appointments. We fully support the concept of a patient held electronic health record and this is the first steps towards this.

Please read and sign this form if you wish to use this service and return this form to Reception

IMPORTANT
Please do not use Manage My Health to communicate acute serious problems to your doctor.
Please phone the surgery for advice in the usual manner.

Online Routine Appointments
Please use the online appointments for routine bookings. If you will need longer than the standard 15 minutes, please call for a double appointment. For on the day or acute appointments please call reception. Please note our cancellation policy applies – see our website for details.

Routine Repeat Prescriptions
Please use the Request Repeat Prescription service. You will receive an email when your doctor has done the prescription. Please allow 2 working days for this service. If you need a prescription more urgently please phone the surgery 380 8855.

Test Results
Manage My Health 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.
Your 'Lab Results' section in the 'Health Summary' option will have your results. One column has your doctor's comments on the test. For more detail click the blue 'i' button. Please read your doctor's comments and take any action recommended.
Please be aware that some tests take longer to process than others, depending on their complexity. Your results will be forwarded to your inbox when your GP has reviewed them. Any abnormal results will be discussed with you.
Please do not switch off the automatic notification box in your Manage My Health inbox setup.

Technical Support
The website is provided by MedtechGlobal, a New Zealand company that provides the software that Peninsula Medical Centre uses. They are unable to see your information, as it is encrypted.
If you are having problems with the website, please go to: http://www.managemyhealth.co.nz/ContactUs/

Please sign this form in acknowledgement of the following points below:

- ✓ I am 18yrs or above and I have read and understand the above information.
- ✓ I may use Manage My Health to check lab results & will action the doctor's recommendations if I do so.
- ✓ I understand if there is misuse of Manage My Health the practice reserves the right to de-activate the user.
- ✓ I am aware that for acute serious problems I will call the surgery (04 3808855), or 111 in an emergency.

Name: ________________________________ **DOB:** ____________________

Email (for login): ____

(Email address must be your own and not a family or shared email address)

Signed: ________________________________ **Date:** ____________________

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ELIGIBILITY SUMMARY GUIDE

he Health and Disability Services Eligibility Direction 2011, issued by the Minister of Health, is the basis for eligibility.

Refer to: http://www.moh.govt.nz/moh.nsf/indexmh/eligibility-direction

A person is fully eligible and entitled to be enrolled in a PHO if he / she is residing permanently* in New Zealand and:

a) Is a New Zealand citizen **OR**

b) Holds a resident visa or a permanent resident visa (or a residence permit if issued before December 2010) **OR**

c) Is an Australian citizen or Australian permanent resident AND able to show he/she has been in New Zealand or intends to stay in New Zealand for at least 2 consecutive years. **OR**

d) Has a work visa/permit and is able to show that he/she is able to be in New Zealand for at least 2 years (previous permits included) **OR**

e) Is an interim visa holder who was eligible immediately before their interim visa started **OR**

f) Is a refugee or protected person OR is in the process of applying for, or appealing refugee or protection status, OR is a victim or suspected victim of people trafficking **OR**

g) Is 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) Is 18 or 19 years old and can demonstrate that, on 15 April 2011, he/she was the dependant of an eligible work visa/permit holder (visa must still be valid) **OR**

i) Is a NZ Aid Programme student studying in New Zealand and receiving Official Development Assistance funding (or their partner or child under 18 years old) **OR**

j) Is participating in the Ministry of Education Foreign Language Teaching Assistantship scheme **OR**

k) Is a Commonwealth Scholarship holder studying in New Zealand and receiving funding from a New Zealand university under the Commonwealth Scholarship and Fellowship Fund.

** The definition residing is NZ is that the person intends to be resident in New Zealand for at least 183 days in the next 12 months.*

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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.