



ENROLMENT / REQUEST FOR TRANSFER FORM

Te Manu Aute Whare Oranga o Manurewa Marae

81 Finlayson Avenue, P. O. Box 88-161, Clendon, Ph: 267 8768, Fax: 267 8768

If you need a clinic outside the hours of Manurewa Marae Whare Oranga you can access the following Raukura Hauora O Tainui clinics;

- **Te Puea Marae Clinic** - 15/34 Miro Road, Mangere Bridge. Ph: 636-5683
- **Clendon Medical Clinic** - Shop C4, 459 Roscommon Road, Clendon. Ph: 266 6646
- **Trust Health Care** - New Hook Lane, 7 Hill Road, Manurewa. Ph: 267 6883

What is your name? (Each person 16 years and over is to sign their own form unless signing authority provided)

Family Name		Given Names		DOB	NHI	Male Female (Please tick one)	
Telephone No's:	Home:	Work:		Mobile:			

Note: Your address must be where you live and not a P. O. Box or Private Bag.

Street Address	
Suburb / City	

What is your postal address, if different from where you live?

P. O. Box / Private Bag	
Suburb / City	

I understand that I will no longer be registered with my previous Doctor.

My previous Doctors Name:	Clinic name & Phone number if known:

I authorize you to obtain my previous medical records,

Signature:	Date:

Next of kin / Alternative emergency contact NOT living with you

Name	Relationship	Telephone

Resident Status

Are you a permanent resident of New Zealand? (Please circle one)	YES	NO
If NO do you have a work permit? (Please circle one)	YES	NO

Which Ethnic group do you belong to? Tick the box or boxes that apply to you

<input type="checkbox"/>	NZ Maori Which Iwi do you belong to?	Iwi		Hapu	
<input type="checkbox"/>	European not defined		Tongan		Chinese
<input type="checkbox"/>	NZ European/Pakeha		Niuean		Indian
<input type="checkbox"/>	NZ Maori		Tokelauan		Middle Eastern
<input type="checkbox"/>	Pacific Island		Fijian		Latin American
<input type="checkbox"/>	Samoaan		Asian not defined		African
<input type="checkbox"/>	Cook Island Maori		South East Asian		Other

Help us to help you (please circle appropriate answers)

Are you allergic to any medicines	YES	NO	UNSURE	
Do you smoke cigarettes?	YES	NO		
If YES, How many cigarettes a DAY do you smoke?	01-10	10-20	20-30	30+
Are you a permanent resident of New Zealand?	YES	NO		
If NO, Do you have a work permit?	YES	NO		
Are you a Community Card Holder	YES	NO		

**If you are a Community Card Holder, please give to reception on arrival*

Training Participation

Manurewa Marae Whare Oranga Medical Clinic is part of Raukura Hauora O Tainui, which is a training facility for Doctors and Nurses. Your contribution/participation is greatly appreciated. If you do not wish to be seen by a trainee please let us know.

It is your right to decline/withdraw at any time from contributing/participating in these programs.

Manurewa Marae Whare Oranga Obligations.

Manurewa Marae Whare Oranga Medical Clinic is part of Raukura Hauora O Tainui, which is a member of North Waikato PHO a Maori supported Primary Health Organisation. I have read and fully understand the information pamphlets on enrolling with this Primary Health Organisation.

I understand that:

- When I enrol with this practice, the Primary Health Organisation will use the information collected to build an enrolment register and to involve you in screening and preventative care programmes.
- This register is then sent to the Minister of Health where my information will remain confidential.
- The Ministry of Health needs this information to:
 - calculate the funding that is given to this Primary Health Organisation
 - correct or update my details on the National Health Index (NHI Number)
 - monitor quality of care, health statistics and contractual obligations and to plan future health services.
- Manurewa Marae Whare Oranga may send my health information to other health professionals who are directly involved in my health care and medical treatment. This will not happen without my knowledge.

I declare the information I have supplied on this form is correct:

Signed:

Date of Enrolment:

For office use only

CSC Number	Client No:	Valid Date:
	Card No:	Expiry Date:
HUHC Number	Client No:	Valid Date:
	Card No:	Expiry Date:
SGC Number	Client No:	Valid Date:
	Card No:	Expiry Date: