

ENROLMENT FORM

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| Anyone over age of 16 years must complete their own enrolment form | | NHI (Office use only) |
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|--|---|--|---|-------|
| Legal Name | Family name | First name | Middle name | Title |
| Preferred Name | Other Name(s) (e.g. maiden name) | | | |
| Date of Birth | Day / Month / Year | Sex (at birth) <input type="checkbox"/> Male <input type="checkbox"/> Female | Gender you would like to be identified as <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Diverse | |
| Contact Details | Home Phone | Mobile Phone | Work Phone | |
| Residential Address | House Number & Street | Suburb/Rural Location | Town / City & Postcode | |
| Postal Address (if different from above) | House Number & St Name or PO Box | Suburb/Rural Delivery | Town / City & Postcode | |
| Community Services Card | <input type="checkbox"/> Yes <input type="checkbox"/> No | Expiry date | Card Number | |
| High User Health Card | <input type="checkbox"/> Yes <input type="checkbox"/> No | Expiry date | Card Number | |
| Country of birth | | | Town of birth | |
| Email address | | | | |
| Account holder | <input type="checkbox"/> Self <input type="checkbox"/> Other (Please specify) | | Account holder name and surname | |

| | | | |
|---------------------------|--|-----------------------------|--|
| Patients' Employer | | Patients' Occupation | |
|---------------------------|--|-----------------------------|--|

| | | | |
|--|----------------|--------------|-------------------------|
| Emergency Contact / Next of Kin | Name & Surname | Relationship | Mobile (or other) Phone |
|--|----------------|--------------|-------------------------|

| | | |
|---|--|---|
| Ethnicity Details Which ethnic group(s) do you belong to? <i>Tick one or more which apply to you</i> | <input type="checkbox"/> 11 New Zealand European <input type="checkbox"/> 21 Maori Iwi _____ <input type="checkbox"/> 31 Samoan <input type="checkbox"/> 32 Cook Island Maori <input type="checkbox"/> 33 Tongan <input type="checkbox"/> 34 Niuean <input type="checkbox"/> 42 Chinese <input type="checkbox"/> 43 Indian <input type="checkbox"/> Other (such as Dutch, Japanese, Tokelauan) Please State <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | Smoking is an important factor influencing health If you are aged 15 and over please tick the space that applies for you <input type="checkbox"/> Currently smoke (137R.00; @ZPSB10)) <input type="checkbox"/> Recently quit (#137G.00; @ZPSB10; @ZPSC.30) <input type="checkbox"/> Ex-smoker (more than 15 months) (137S.00; @ZPSC.30) <input type="checkbox"/> Never smoked (1371.00) Smoking is hugely negative on your good health. In most cases, you will experience the benefits of quitting immediately. If you currently smoke, would you like some help to quit? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|---|

Eligibility to enrol: (tick one of the following)

| | | |
|---|---|--------------------------|
| a | I am a New Zealand citizen | <input type="checkbox"/> |
| 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"/> |
| k | None of the above. Please give more details on your current situation: | <input type="checkbox"/> |

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| I confirm that, if requested, I can provide proof of my eligibility | <input type="checkbox"/> | Evidence sighted (Office use only) |
|---|--------------------------|------------------------------------|

| | |
|---|--|
| I am residing permanently in New Zealand and therefore I am entitled to enrol <i>The definition of residing permanently in NZ is that you intend to be resident in New Zealand for at least 183 days (6 months and 1 day) in the next 12 months</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| | | | | |
|-----------------------------|--|---------------------------------------|---------------------------------------|-----------------------------------|
| Where did you hear about us | Website/Facebook <input type="checkbox"/> | Newspaper <input type="checkbox"/> | Community <input type="checkbox"/> | Other <input type="checkbox"/> |
|-----------------------------|--|---------------------------------------|---------------------------------------|-----------------------------------|

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 agree to Cambridge Medical Centre obtaining my medical records from my previous doctor.

I understand that by enrolling with Cambridge Medical Centre I will be included in the enrolled population of The Midlands Regional Health Network Charitable Trust, and my name address and other identification details will be included on the Practice, PHO and National Enrolment Service Registers.

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 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.

| | | | | |
|--------------------------|-----------|-------------|---------------------------------------|------------------------------------|
| Signatory Details | Signature | Date signed | <input type="checkbox"/> Self-Signing | <input type="checkbox"/> 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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REQUEST TO HAVE MEDICAL RECORDS TRANSFERRED

In order to receive the best care possible, I agree to Cambridge Medical Centre obtaining my medical records from my previous doctor. I also understand that I will be removed from my previous dr's register.

Each person should complete a form. 16 years and older to sign own form

Patient details:

Family Name: _____

Given Names: _____

Date of birth/NHI: _____

Signed: _____
(16 years and older to sign own form)

Date: _____

To be registered with:

☐ Dr David Smylie

☐ Dr Shirley Chan

☐ Dr Mark Taylor

☐ Dr Judikje Scheffer

Previous Medical Centre:

Name: _____

Address: _____

Fax no.: _____

Our practice is able to receive and would prefer electronic transfers.

For GP2GP transfers, please use the following info:

Practice Mailbox/EDI:

cammccam

NZMC: cammc

First Name: Cambridge

Last Name: Medical Centre

Export Destination GP Details

NZMC:

cammc

Practice Mailbox:

cammccam

First Name:

Cambridge

Last Name:

Medical Centre

Please circle all tabs send via GP2GP and return via fax to 07 827 7064:

Consults/Daily record

Immunisation

Medications

Medical Warnings

Inbox

Outbox

Screening

Accidents

Classifications

New Patient Initial Consultation

(To be completed for all new patients aged 18 years and older)



Name: _____

DOB: _____

Personal Health

Accidents / Injuries _____

Operations _____

Chronic Illnesses _____ Allergies _____

Hereditary Diseases _____ Known health problems _____

Current medications _____

Family History

Mother's Health

Good ☐

Problem _____

Deceased (caused) _____

Father's Health

Good ☐

Problem _____

Deceased (caused) _____

Brother's/Sister's Health

Good ☐

Problem _____

Deceased (caused) _____

Wider Family's Health

Good ☐

Problem _____

Deceased (caused) _____

Lifestyle

Exercise

Less 3 x weekly ☐

More than 3x weekly ☐

None ☐

Recreational Drugs

No ☐

Past use ☐

Present use ☐

Alcohol

No ☐

How much weekly? _____

Smoking Status - Smoking status is an important factor influencing health

Never smoked ☐

Stopped smoking ☐

Current smoker ☐

Date of stopped _____

Females Only

Do you use contraceptives No ☐ Yes ☐ What kind? _____

Number of pregnancies _____ Pregnancy complications _____

Menstrual problems _____

Last cervical smear _____ Abnormal smear _____

Have you had a mammogram _____ If so, when? _____

Nursing staff (Office use only)

Height _____ Weight _____ BP _____ Blood Glucose _____ Waist Circumference _____

Vaccinations Last tetanus _____ Last flu vaccination _____

Urinalysis Albumen _____ Glucose _____ Blood _____



GP's available for new patient registration

Dr Shirley Chan

Dr Shirley Chan is a long time local being born in Hamilton and growing up in the Waikato. She first became a Pharmacist and then went on to Otago University to study to become a Doctor. She has been a GP since 2001 and joined to Cambridge Medical Centre team in 2013.

Dr Shirley has interests in all aspects of general practice, and in particular children.

Dr David Smylie

Dr David Smylie gained his medical degree from Aberdeen University in his native Scotland in 1986 and completed specialist training in General Practice at Frimley Park Hospital in Surrey, England.

In 1992 he moved to Paeroa NZ where he helped establish the new Paeroa Medical Centre and enjoyed serving as the Honorary Physician for the Thames Valley Rugby Union.

Other work experience includes working as a Registrar in Endocrinology at Waikato Hospital, as a Family Practitioner in Connecticut USA and he spent time in Melbourne as medical director of a primary care clinic before working in various parts of Australia. David was also a partner at North Care Medical Centre in Hamilton and has held teaching positions at the University of Connecticut and at the University of Melbourne.

David and his wife are enjoying being back home in NZ, permanently, and David is looking forward to many future years as part of the team at Cambridge Medical Centre.

Dr Mark Taylor

Dr Mark joined our team in February 2018 and is now well settled in.

He completed his degree of Bachelor of Medicine and Bachelor of Surgery (MBChB) at the University of Leicester, England in 2009. After working in London, he moved to New Zealand in 2011 where he worked at Waikato Hospital and other Hamilton medical centres.

He has an Advanced Certificate in Dermoscopy with experience in minor surgery such as mole/lesion removal, phenol matrixectomy (partial toe nail removal) and simple acute wound closures.

Dr Judikje Scheffer

Born in the Netherlands Dr Judikje received her Medical Degree from the University of Amsterdam in 2006. After working a few years in Emergency Medicine, she completed her training in General Practice in 2013. Two years later she moved to New Zealand with her partner and daughter and has been a GP in Tokoroa and Te Awamutu.

Dr Scheffer has a strong Sport Medicine background, also working as a sports doctor for High Performance Sport New Zealand. She completed her Graduate Certificate in Sports Medicine from the University of Queensland, Australia in 2016. She has an active lifestyle being a competitive cyclist and rower.

CONSULTATION FEES

| General Consultations | | | | |
|-----------------------|----------------------------------|-------------------------------|--|---|
| | Registered Patients | | Casual Patients | |
| | Without Community Services Cards | With Community Services Cards | Without Community Services Cards or High User Health Cards | With Community Services Cards or High User Health Cards |
| Child (0 - 5) | Free | Free | \$35.00 | Free |
| Child (6 – 13) | Free | Free | \$64.50 | \$44.00 |
| Child (14 – 17) | \$30.00 | \$12.50 | \$65.50 | \$45.00 |
| Adult (18 – 24) | \$45.00 | \$18.50 | \$79.50 | \$63.50 |
| Adult (25 – 64) | \$48.50 | \$18.50 | \$85.00 | \$68.50 |
| Adult 65+ | \$40.00 | \$18.50 | \$83.00 | \$66.50 |

- Saturday consultations incur a \$20.00 surcharge for ALL Adult patients and \$10 for children age 0 – 13 years.
- Casual Patients will be asked to pay prior to their consultation
- All new patients age 18 years and older, must have a compulsory Nurse consultation on enrolment (\$20 charge)

| ACC Consultations | | | | |
|-------------------|----------------------------------|-------------------------------|------------------------|---------|
| | Registered Patients | | GP Phone Consultations | |
| | Without Community Services Cards | With Community Services Cards | | |
| Child (0 - 13) | Free | Free | Child (0 - 13) | FREE |
| Child (14 – 17) | \$29.00 | \$12.50 | Child (14 – 17) | \$15.00 |
| Adult (18 – 24) | \$39.00 | \$18.50 | Adult (18 – 24) | \$22.50 |
| Adult (25 – 64) | \$44.00 | \$18.50 | Adult (25 – 64) | \$24.00 |
| Adult 65+ | \$40.00 | \$18.50 | Adult 65+ | \$20.00 |
| Casual 0 – 13 | \$30.00 | | | |
| Casual 14 – 65+ | \$49.50 | | | |

| Nurse Consultation | | |
|--------------------|---------------------|-----------------|
| | Registered Patients | Casual Patients |
| Child (0 - 5) | FREE | \$20.00 |
| Child (6 – 13) | FREE | \$20.00 |
| Child (14 – 65+) | \$20.00 | \$35.00 |

- Miscellaneous charges may apply

| Repeat Prescriptions | | |
|----------------------|----------------|--------------------------------------|
| | 2 days' notice | Less than 2 days, urgent or same day |
| Pick up | \$16.00 | \$22.00 |
| Faxed | \$20.00 | \$22.00 |

| Other Services | |
|----------------------------|---|
| Blood Pressure Checks | \$20.00 |
| Injections: e.g. B12 | \$20.00 |
| Driving Medical | \$55.00 (Class 1) \$70.00 (All other classes) |
| Diving Medical | \$65.00 |
| Resthome Visits | \$95.00 (Acute visit) \$95.00 (Admission) \$55.00 (Review) |
| Home Visit | \$100 - \$150 |
| ECG | \$40.00 + consultation charge |
| Cervical Smear | Nurse: \$32.00 GP: Normal consultation charge |
| Forms and Certificates | \$20.00 min (medic-alert, home alarm, mobile parking, disability certificate, WINZ forms, etc.) |
| Travel Doctor Consultation | \$70.00 + \$30 per extra adult; \$10 per extra child. Plus cost of travel vaccines |

- Other prices available on request
- If you are more than 7 min late for your consultation you may be asked to reschedule
- All fees are based on a single appointment. Extended appointments may incur additional charges.
- All charges are inclusive of 15% GST
- CANCELLATION POLICY: Failure to provide at least 1 hour prior notice for cancelled appointments may result in 50% of the normal consult fee being applied
- ACCOUNTS POLICY: Payment of all fees are required on the day, if placed on account a \$5.00 administration fee will be incurred. Any accounts that remain unpaid may be referred to a debt collection agency. Any costs incurred in the recovery of payment will be the responsibility of the patient and/or bill payer.
- All Registered patients with Community Services Cards have a set fee for a standard GP or Nurse consultation or urgent/faxed prescriptions. Adults 18+ = \$18.50 and Children 14 – 17 years = \$12.50. Additional fees may apply for extra services.