



# HAUORA HOKIANGA

A Practice within Te Tai Tokerau PHO

## Patient Enrolment Form

FGEN02

Completion and signing of this form will register you with Hauora Hokianga as your usual provider of 24 hour Primary Health Care services and enrol you with Te Tai Tokerau PHO. Please use this form to also register any children under 16 years who are in your care.

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Mr, Mrs, Ms, Miss \_\_\_\_\_

Are you known by any other names? (e.g. maiden name or previous married name) \_\_\_\_\_

Gender: Male / Female \_\_\_\_\_ DOB \_\_\_\_\_ Ethnicity \_\_\_\_\_

Full Residential Address (Include RAPID or Street Number) \_\_\_\_\_

Postal Address (if different) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Relationship to NOK: \_\_\_\_\_

Community Services Card: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employers Name & Address: \_\_\_\_\_

Are you a 'Permanent Resident' in New Zealand? Yes / No \_\_\_\_\_

Names of children living in your household under the age of 16yrs to be enrolled with Hauora Hokianga?

Family Name	First Name	DOB	M/F	Ethnicity Code		

Please use table to identify ethnicity code:

NZ European (11)      Maori (21)      Cook Island (32)      Niuean (34)      Tongan (33)  
 Samoan (31)      Chinese (42)      Indian (43)      Other *Please specify*

If changing from another practice, please write the name and address of that practice/doctor \_\_\_\_\_

If you are enrolled with another practice, but you reside in Hokianga and wish to register for our community services only, please mark this box

**I understand that:**

- Hauora Hokianga is a member of the Te Tai Tokerau Primary Health Organisation (PHO) and I have been informed of the implications of enrolment with a PHO. I intend to use Hauora Hokianga as my usual provider of primary health care services and understand I will be removed from any PHO with which I was previously enrolled.
- Any information provided by me will be confidential under the terms of the Health Information Privacy Code 1994
- The Ministry of Health (MOH) will attach a National Health Index (NHI) number to my record (or update existing information)
- The practice register and anonymous information may be used by the MOH, DHB and/or the PHO for administrative, funding, planning or audit purposes.
- Should I enrol with another PHO my previous PHO will be informed but they will not be given the name of my new PHO.
- If I visit & use another Practice, my current Practice will be informed of the date of the visit and my NHI number, but no other details
- My primary health care provider may send my health care information (confidentially) to other health professionals who are directly involved in my health care and treatment.

I declare that the information I have given is true and complete to the best of my knowledge. I authorise Hauora Hokianga to request my medical records from my previous doctor (where applicable)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed form to: Hauora Hokianga, Private Bag 753, Kaikohe 0473  
 Phone: (09)4057 709 Fax: (09)4057 875 Email: [hokiangahealth@xtra.co.nz](mailto:hokiangahealth@xtra.co.nz) Health Link: hokihlth

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