



ENROLMENT PACK - ADULT

Nau Mai, Haere Mai

Welcome

How to fill out these forms:

- **You must complete Page 1 and 2 and sign at the bottom of each page**
We need this information to be able to take over your medical care.
- **Complete Pages 3 to 6 (medical questions) if you can**
This information will help us understand your current health needs.
- **Pages 7 to 12 are for information only**
These are your copies to keep.



A lot of people find filling out long forms difficult.

Please let us know if you want any help.

Patient Enrolment Form



Aramoho Health Centre, 144 Somme Parade, Whanganui 4500
6) 343 9050 Email: admin@aramohohealth.co.nz GP2GP: aramohoh

NB: Boxes marked with an * are compulsory information and must be completed.

I wish to register myself or am authorised to register this person with Dr: _____

*Title (Mr, Mrs, Master, Miss, Ms, Mx etc): _____ NHI Number: _____

*Family Name: _____

*First Name: _____

*Middle Name (s): _____

Preferred Name: _____

Other Names Known By (e.g. Maiden Name): _____

*Date of Birth: _____ Pronouns: _____

*Gender: _____ *Gender assigned at birth (if different): _____

*Country of Birth: _____ *Place of Birth (town/city): _____

*Residential Address (must not be PO Box or Private Bag): _____

_____ (Street/Suburb/City/Postcode)

Postal Address (if different from residential address): _____

*Work Phone Number: _____ *Home Phone Number: _____

*Mobile Phone Number: _____ Please tick if you do NOT wish to receive texts from us

*Email Address: _____

Community Services Card No: _____ WINZ Client No: _____ Expiry: _____

High User Health Card No: _____ Expiry: _____

Smoking Status: Smoker Ex-smoker Never Smoked Would you like support to quit? Yes No

*Next of Kin Name: _____ *Relationship to You: _____

*Next of Kin Address: _____

*Next of Kin Phone Number(s): _____ Email: _____

*Ethnicity – which ethnic group(s) do you belong to? (tick the box or boxes which apply to you):

NZ European Maori Samoan Cook Island Maori

Tongan Niuean Chinese Indian

Other (such as Dutch, Japanese, Tokelauan) Please state: _____

If you would like to state your iwi, please do so here: _____

Transfer of Records from Another Practice

***Transfer of Records** – In order to get the best care possible, I agree to the practice obtaining records from my previous practice, I understand that I will also be removed from the register of my previous practice:

Yes, please request transfer of my records No, please do not request transfer of my records Not applicable

Name of Previous Practice/Doctor: _____

Address of Previous Practice/Doctor: _____

*Signed: _____ *Date: _____

Declaration of Entitlement and Eligibility to Enrol

***I am entitled to enrol because I live in New Zealand and I am eligible to enrol because I meet one of the following eligibility criteria (tick the box which applies to you):**

- | | Please Tick |
|--|--------------------------|
| a) I am a New Zealand citizen | <input type="checkbox"/> |
| b) I hold a resident visa or a permanent resident visa (for 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"/> |

Office Use Only	Evidence Sighted: Staff Member:
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Agreement to the Enrolment Process

I intend to use Aramoho Health Centre as my regular and on-going provider of general practice / GP / healthcare services.

I understand that the Primary Health Organisation (PHO) that this practice is affiliated to is the Whanganui Regional Health Network (WRHN).

I understand that by enrolling with Aramoho Health Centre I will be included in the enrolled population of WRHN and my name, address and other identification details will be included on the practice, WRHB 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 WRHN provides, along with the WRHN'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 this 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 confirm that, if requested, I can provide proof of my eligibility to enrol.

I agree to inform the practice of any changes in my contact details and entitlement and/or eligibility to be enrolled.

***Signed:** _____ ***Date:** _____

If signed by Authority (Patient is under 16 or unable to sign this form) please provide the following:

***Full name of Authority:** _____ ***Relationship:** _____

***Address of Authority:** _____ ***Phone Number:** _____

New Patient Health Questionnaire

Please fill in and tick or circle appropriate responses

Name: _____

Date of Birth: _____

Preferred Name: _____

Gender: _____

Do you have a Community Services Card: Yes No

Do you have an Advanced Care directive in place: Yes No

Do you have an Enduring Power of Attorney (EPOA)? Yes No

If YES, please indicate:

Name of EPOA: _____ Contact Phone No: _____



COMMUNICATION AND ACCESS

What is your preferred language? English Other:

Do you have any problems with movement or mobility?

Do you have any problems seeing?

Do you have any problems hearing?

Do you have any problems getting transport to appointments?



PERSONAL MEDICAL HISTORY

Please indicate below if you have had any of the following and add your comments:

CONDITION			NOTES
High Blood Pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Stroke	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Heart Problem	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Glaucoma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Alcohol Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Cancer (state type):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Osteoporosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____



FAMILY MEDICAL HISTORY

Among your whānau - parents, grandparents, brothers, sisters, aunts, or uncles, do you know of any of the following medical conditions?

CONDITION			NOTES	AGE AT ONSET
High Blood Pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Heart Disease/Angina	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Stroke	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Glaucoma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Alcohol Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Cancer (state type)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Other Illness (specify)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____



SCREENING AND PROCEDURES

SURGICAL HISTORY

Have you had any surgical operations? Yes No

Type: _____ Year: _____

Type: _____ Year: _____

Type: _____ Year: _____

IMMUNISATIONS

When did you last have a tetanus injection? ...Year: _____

SCREENING PROGRAMMES FOR FEMALES

When did you last have a cervical smear? Normal | Abnormal _____ ...Year: _____

When did you last have a mammogram? Normal | Abnormal _____ ...Year: _____

SCREENING PROGRAMMES FOR MALES

When did you last have a prostate check? Normal | Abnormal _____ ...Year: _____



MEDICATIONS

Please list any current medications (or bring these with you to your first appointment)

_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you allergic to any drugs (please specify)? Yes No _____

Do you have any other types of allergies? Yes No _____

Case-finding and Help Assessment Tool (CHAT)

Please circle the answer that is nearest to correct for you

How many cigarettes do you smoke on average a day?

None Less than 1 a day 1-10 11-20 21-30 31 or more

Do you ever feel the need to cut down or stop your smoking? (Circle no if you do not smoke)

No Yes

Do you ever feel the need to cut down on your drinking alcohol?
(Circle no if you do not drink alcohol OR do not feel the need to cut down)

No Yes

In the last year, have you ever drunk more alcohol than you meant to?

No Yes

Do you ever feel the need to cut down on your non-prescription or recreational drug use?
(Circle no if you do not use drugs OR do not feel the need to cut down)

No Yes

In the last year, have you ever used non-prescription or recreational drugs more alcohol than you meant to?

No Yes

Do you sometimes feel unhappy or worried after a session of gambling?
(Circle no if you do not gamble OR do not feel unhappy about gambling)

No Yes

Does gambling sometimes cause your problems?

No Yes

Over the last 2 weeks, how often have you been bothered by having little interest or pleasure in doing things?

Not at all Several days More than half the days Nearly every day

Over the last 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?

Not at all Several days More than half the days Nearly every day

Over the last 2 weeks have you been worrying a lot about everyday problems?

No Yes

Is there anyone in your life of whom you are afraid or who hurts you in any way?

No Yes

Is there anyone in your life who controls you and prevents you doing what you want?

No Yes

Is controlling your anger sometimes a problem for you?

No Yes

As a rule, do you do less than 30 minutes of moderate or vigorous exercise (such as walking or sport) on 5 days of the week?

No Yes

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Thank you for your time



Payment Policy

Aramoho Health Centre is committed to providing you with quality and affordable health care. As some of our patients have had questions regarding payment of their medical fees, we have developed this 'Payment Policy'. Please read it carefully and ask us any questions you may have. This is your copy.

To help us provide the best services to you and your whānau we make the following requests:

1. That you make payment on the day of your appointment. If you do not make payment at the time of your appointment, we will request a current mobile phone number and/or email address so you can be contacted with your account balance and payment details.

2. If you prefer to pay online, please do this as soon as possible after seeing the GP or Nurse.

Bank account details for Internet payments are:

Bank: **BNZ** Branch: **Whanganui**

Account No: **02 0792 0126479 000**

Particulars Field: **Your surname followed by your 1st name (no gaps)**

Reference Field: **Your Chart Number**

3. If you find yourself unable to pay, please inform us so we can help you to set up a payment plan that will help us avoid debt collection proceedings.

We provide a pre-pay system by automatic payment to make accessing our services easier.

Did you know that \$5.00 per week covers the cost of 4 x GP visits and 4 repeat scripts per year per adult? Please see our reception team or email admin@aramohohealth.co.nz for more information.

4. If no attempt is made to pay your account, we will reluctantly take the following steps:

Non Payment

If your account is over 90 days past due, and you have made no effort to pay or communicate with us about your account, it will be referred to a debt collection agency.

Aramoho Health Centre Ltd

Patient Credit Terms and Conditions of Trade

These Terms of Trade apply to services provided by Aramoho Health Centre to its patients.

By enrolling with our practice, you agree that:

1. Our prices include GST unless otherwise stated.
2. Prices quoted for services may be adjusted from time to time, and you agree to pay any such adjusted price.
3. Payment will be accepted as cash, direct credit, or Eftpos. Cheques are no longer accepted as a form of payment. AMEX and Diners Club credit cards are not accepted.
4. Where it is agreed that payment cannot be paid on the day of service, it will be paid within a month following date of invoice.
5. Aramoho Health Centre may decide to refuse further services (except emergency care) if you do not pay your bill. If you do not pay your bill as agreed, we may contract a debt collection agency to collect the money owed, and legal proceedings may follow. This may impact on your credit rating. All costs relating to the collection of unpaid accounts will be added to your account.
6. Aramoho Health Centre may disclose personal information to provide credit references to other agencies that request them, and for debt collection, credit reporting and other similar purposes. We agree not to use or disclose any information more than is reasonably necessary in the circumstances for its genuine business purposes.
7. No goods supplied by Aramoho Health Centre may be returned for credit.
8. All travel vaccines must be paid for in advance of Aramoho Health Ltd ordering them. An exception may be made for those going overseas as part of Red Cross or other such mission where the vaccines will be paid or reimbursed by an organisation.
9. Supply of goods for personal use will be covered by the Consumer Guarantees Act 1993.
10. These Patient Credit Terms and Conditions of Trade may change from time to time, and Aramoho Health Centre Ltd will clearly display any changes in the Health Centre and on our website.



ManageMyHealth – Patient Portal

Manage My Health is a website that allows you secure access to your health information online:

- View your medical / immunisation records
- Request repeat prescriptions
- Send secure messages
- Update your personal details
- Book appointments with your GP
- View your lab results
- Receive recall reminders
- Manage your health goals

Getting started.

- Registering for ManageMyHealth is simple, just ask reception or register online at <https://aramohohealth.co.nz/manage-my-health/>
- You will need a personal email address (separate email address per patient is a MOH requirement).
- You must be at the age specified by the practice to sign up – Aramoho Health Centre age of consent is 16 years old.
- We will provide you with an activation code and instructions on how to complete your registration.
- When registering through our website you may be contacted by the practice to confirm your identity.



ARAMOHO HEALTH CENTRE

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www.aramohohealth.co.nz



WHRN Enrolment Information Sheet

How does being enrolled with my general practice help me?

General Practices provide comprehensive primary, community based, and contributing patient centred health care to the patients enrolled with them. Most general practices are affiliated to a Primary Health Organisation (PHO). WRHN is this practice's PHO. There are very good reasons for NZ citizens or residents to sign the enrolment form as these are of direct benefit to you.

- By signing the enrolment form your doctor visits will be charged to you at a lower cost than if you are being charged as a 'casual patient'.
- Continuity of care is important to your health. Advantages of enrolling means you will have direct access to a range of services linked to the PHO.
- Enrolment is free and voluntary.

Is enrolment voluntary?

Enrolment is voluntary but it is most important that you know that you can only enrol with one PHO at a time. If you can visit two general practices you should enrol with the one you visit the most often. If you choose not to enrol you can still receive services from your chosen doctor, general practice or first level health provider at a higher fee.

How do I enrol?

By completing an enrolment form available at your medical practice.

How long does my enrolment last?

Your enrolment continues as long as you choose to remain with the practice, however if you do not visit your doctor for three years or more the practice will contact you and you will be asked to confirm that you still wish to be enrolled in the practice by filling out a new enrolment form.

What happens if I go to another practice?

You can go to another general practice or change to another general practice at any time, however if you are still enrolled with one practice and attend another you will pay a higher fee for that visit.

What is a PHO?

PHO's are local structures for delivering and coordinating primary health care services. They bring the health services provided in the community together including, General Practitioners, Nurses, Maori Health workers, Mental Health workers, Health Promoters, Dieticians, Pharmacists and others.

What happens if the practice I attend changes to another PHO?

If the general practice you attend leaves WRHN or changes to another PHO the practice will make this information available to you.

What is a NHI number?

NHI stands for National Health Index. This is a unique number given to people by the National Health Information Service and allows for the collection of anonymous health information. It has been in use by hospitals for a long time and allows the Ministry of Health to be able to track the use of health services without identifying the individuals. This is extremely important when planning for future services.

What is the Health Information Privacy Code?

This code was prepared by the Privacy Commissioner to better ensure the protection of individual privacy in the health sector. Health Privacy Information is provided on your enrolment form. A pamphlet is also available – please inform your practice if you would like a copy.

If you have further questions about enrolment, please contact your practice, Whanganui Regional Health Network on (06) 348 0109 or visit its website www.wrhn.org.nz, or visit the Ministry of Health website www.moh.govt.nz.

Use of Health Information Statement

Use and confidentiality of your health information (fact sheet)

- Your privacy and confidentiality will be fully respected. This fact sheet sets out why we collect your information and how that information will be used. You have the right to see and request a copy of your health information. You don't have to explain why you're requesting that information but may be required to provide proof of your identity. If you request a second copy of that information within 12 months, you may have to pay an administration fee.
- You can ask for health information about you to be corrected. Practice staff should provide you with reasonable assistance. If your healthcare provider chooses not to change that information, you can have this noted on your file.

Purpose

We collect your health information to provide a record of care. This helps you receive quality treatment and care when you need it.

We also collect your health information to help:

- Keep you and others safe
- Carry out authorised research
- Prepare and publish statistics
- Plan and fund health services
- Train healthcare professionals
- Improve government services

Confidentiality and information sharing

Your privacy and the confidentiality of your information is important to us.

- Your health practitioner will record relevant information from your consultation in your notes.
- Your health information will be shared with others involved in your healthcare and with other agencies with your consent, or if authorised by law.
- You do not have to share your health information; however, withholding it may affect the quality of care you receive. Talk to your health practitioner if you have any concerns.
- You have the right to know where your information is kept, who has access rights, and, if the system has audit log capability, who has viewed or updated your information.
- Your information will be kept securely to prevent unauthorised access.

Information quality

We're required to keep your information accurate, up-to-date and relevant for your treatment and care.

Right to access and correct

You have the right to access and correct your health information.

Use of your health information

Below are some examples of how your health information is used:

- If your practice is contracted to a Primary Health Organisation (PHO), the PHO may use your information for clinical and administrative purposes including obtaining subsidised funding for you.
- Your District Health Board (DHB) uses your information to provide treatment and care, and to improve the quality of its services.
- A clinical audit may be conducted by a qualified health practitioner to review the quality of services provided to you. They may also view health records if the audit involves checking on health matters.
- When you choose to register in a health programme (eg immunisation or breast screening), relevant information may be shared with other health agencies.
- The Ministry of Health uses your demographic information to assign a unique number to you on the National Health Index (NHI). This NHI number will help identify you when you use health services.
- The Ministry of Health holds health information to measure how well health services are delivered and to plan and fund future health services. Auditors may occasionally conduct financial audits of your health practitioner. The auditors may review your records and may contact you to check that you received those services.
- Notifications of births and deaths to the Births, Deaths and Marriages register may be performed electronically to streamline a person's interactions with government.

Complaints

It's OK to complain if you're not happy with the way your health information is collected or used. Talk to your healthcare provider in the first instance. If you are still unhappy with the response you can call the Office of the Privacy Commissioner toll-free on 0800 803 909, as they can investigate further.

For further information

Visit www.legislation.govt.nz to access the Health Act 1956, Official Information Act 1982 and Privacy Act 2020.

The Health Information Privacy Code 2020 is available at www.privacy.org.nz. You can also use the Privacy Commissioner's [Ask Us](#) tool for privacy queries.

A copy of the Health and Disability Committee's Standard Operating procedures can be found at: <http://ethics.health.govt.nz/operating-procedures>

Further detail in regard to the matters discussed in this Fact Sheet can be found on the Ministry of Health website at <http://www.health.govt.nz/your-health/services-and-supprt/health-care-services/sharing-your-health-information>