



Silverstream HEALTH CENTRE

Silverstream Health Centre Ltd
P.O.Box 48-041
Silverstream
Upper Hutt
Phone: 04 5277376 Fax: 04 5283278

EDI:
Silver

Te Awakairangi Health PHO Phone: 04 5665320

ENROLMENT FORM

Fields with * are compulsory

Anyone over age of 16 years must complete their own enrolment form

NHI (Office use only)

Name	Title	* Given Name	* Other Given Name(s)	* Family Name
Other Name(s) (eg. maiden name) Please tick the name you prefer to be known as				
Birth Details		* Day / Month / Year of Birth	* Place of Birth	* Country of birth
Gender		* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Diverse (please state)		Occupation

Usual Residential Address	* House (or RAPID) Number and Street Name	* Suburb/Rural Location	* Town / City and Postcode
Postal Address (if different from above)	House Number and Street Name or PO Box Number	Suburb/Rural Delivery	Town / City and Postcode

Contact Details	Mobile Phone	Home Phone	Email Address
Emergency Contact	Name	Relationship	Mobile (or other) Phone

Transfer of Records	<i>In order to get the best care possible, I agree to the Practice obtaining my records from my previous Doctor. I also understand that I will be removed from their practice register.</i>		
	<input type="checkbox"/> Yes, please request transfer of my records	<input type="checkbox"/> No transfer	<input type="checkbox"/> Not applicable
	Previous Doctor and/or Practice Name	Address / Location	

Ethnicity Details Which ethnic group(s) do you belong to? <i>Tick the space or spaces which apply to you</i>	* <input type="radio"/> New Zealand European	Community Services Card		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="radio"/> Maori	Day / Month / Year of Expiry	Card Number		
	<input type="radio"/> Samoan	High User Health Card		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="radio"/> Cook Island Maori	Day / Month / Year of Expiry	Card Number		
	<input type="radio"/> Tongan	Dr Georgina Moore NZMC: 45539 EDI: Silver			
<input type="radio"/> Niuean					
<input type="radio"/> Chinese					
<input type="radio"/> Indian					
<input type="radio"/> Other (such as Dutch, Japanese, Tokelauan). Please state	<input type="text"/> <input type="text"/>				

*	My declaration of entitlement and eligibility	*
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I am entitled to enrol because I am residing permanently in New Zealand. <i>The definition of residing permanently in NZ is that you intend to be resident in New Zealand for at least 183 days in the next 12 months</i>	<input type="checkbox"/>
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I am eligible to enrol because:

a	I am a New Zealand citizen <i>(If yes, tick box and proceed to I confirm that, if requested, I can provide proof of my eligibility below)</i>	<input type="checkbox"/>
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If you are **not** a New Zealand citizen please tick which eligibility criteria applies to you (b–j) below:

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"/>

I confirm that, if requested, I can provide proof of my eligibility	<input type="checkbox"/>	Evidence sighted <i>(Office use only)</i>
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My agreement to the enrolment process NB. Parent or Caregiver to sign if you are under 16 years
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I intend to use this practice as my regular and ongoing provider of general practice / GP / health care services.

I agree to pay for all consultations at the time of the appointment and if not paid on the day and remains outstanding, my account will be forwarded to a debt collection agency.

I understand that by enrolling with this practice I will be included in the enrolled population of this practice’s Primary Health Organisation (PHO) [Te Awakairangi], 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 understand 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	* Day / Month / Year	<input type="checkbox"/> Self Signing	<input type="checkbox"/> Authority
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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 <i>(where signatory is not the enrolling person)</i>	Full Name	Relationship	Contact Phone
	Basis of authority (e.g. parent of a child under 16 years of age)		

PATIENT CLASSIFICATION FORM

LAST NAME:		FIRST NAME:	
MALE / FEMALE <i>(Please circle one)</i>	DOB:	HEIGHT:	WEIGHT:
Telephone numbers HOME:		CELL:	WORK:

Smoking Status: <i>(Please circle which applies to you)</i>		Alcohol Status: <i>(Please circle which applies to you)</i>	
CURRENT SMOKER	PAST SMOKER	NON-DRINKER	WITHIN SENSIBLE LIMIT
RECENTLY QUIT	NON SMOKER	ABOVE SENSIBLE LIMIT	
If you are a past smoker or recently quit, when did you quit smoking?			
If you are a current smoker, how many do you smoke per day?			
If you are a current smoker, would you like support to quit smoking? YES / NO			

Classifications: Do you suffer from any of the following? *(Please circle which applies to you)*

HEART ISSUES	DIABETES	ASTHMA	ALLERGIES Please specify
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➤ Do you take Warfarin? YES / NO

FAMILY HISTORY – (excluding yourself)

EMPLOYER DETAILS

HEART PROBLEMS YES / NO	Please give details + Family member	Occupation
STROKE YES / NO	Please give details + Family member	Name of Company
CANCER YES / NO	Please give details + Family member	Address
DIABETES YES / NO	Please give details + Family member	Suburb/Town
OTHER YES / NO	Please give details + Family member	Phone

COMMENT ON ANY RELEVANT PAST MEDICAL HISTORY NOT MENTIONED IN THIS FORM:
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SCREENING HISTORY – (Female only)

Year and month of last MAMMOGRAM:	Year and month of last CERVICAL SMEAR:
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NEXT OF KIN:

NAME:	
ADDRESS:	
PHONE NUMBER:	
RELATIONSHIP TO YOU:	

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 consultation data excluded.

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 (e.g. 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 within the medical practice unless I give specific consent for this information to be communicated.

Enrolling with General Practice

General practice provides comprehensive primary, community-based, and continuing patient-centred health care to patients enrolled with them and others who consult. General practice services include the diagnosis, management and treatment of health conditions, continuity of health care throughout the lifespan, health promotion, prevention, screening, and referral to hospital and specialists.

Most general practice providers are affiliated to a PHO. The fund-holding role of PHOs allows an extended range of services to be provided across the collective of providers within a PHO.

Enrolling with a Primary Health Organisation (PHO)

What is a PHO?

Primary Health Organisations are the local structures for delivering and co-ordinating primary health care services. PHOs bring together doctors, nurses and other health professionals (such as Maori health workers, health promoters, dietitians, pharmacists, physiotherapists, mental health workers and midwives) in the community to serve the needs of their enrolled populations.

PHOs receive a set amount of funding from the government to ensure the provision of a range of health services, including visits to the doctor. Funding is based on the people enrolled with the PHO and their characteristics (e.g. age, gender, ethnicity). Funding also pays for services that help people stay healthy and services that reach out to groups in the community who are missing out on health services or who have poor health.

Benefits of Enrolling

Enrolling is free and voluntary. If you choose not to enrol you can still receive health services from a chosen GP / general practice / provider of First Level primary health care services. Advantages of enrolling are that your visits to the doctor will be cheaper and you will have direct access to a range of services linked to the PHO.

How do I enrol?

To enrol, you need to complete an Enrolment Form at the general practice of your choice. Parents can enrol children under 16 years of age, but children over 16 years need to sign their own form.

Q & A

What happens if I go to another General Practice?

You can go to another general practice or change to a new general practice at any time. If you are enrolled in a PHO through one general practice and visit another practice as a casual patient you will pay a higher fee for that visit. So if you have more than one general practice you should consider enrolling with the practice you visit most often.

What happens if the general practice changes to a new PHO?

If the general practice changes to a new PHO the practice will make this information available to you.

What happens if I am enrolled in a general practice but don't see them very often?

If you have not received services from your general practice in a 3 year period it is likely that the practice will contact you and ask if you wish to remain with the practice. If you are not able to be contacted or do not respond your name will be taken off the Practice and PHO Enrolment Registers. You can re-enrol with the same general practice or another general practice and the affiliated PHO at a later time.

How do I know if I'm eligible for publicly funded health and disability services?

Talk to the practice staff, call 0800 855 151, or visit

<http://www.health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services/guide-eligibility-publicly-funded-health-services-0> and work through the Guide to Eligibility Criteria.



**Silverstream
HEALTH CENTRE**

Manage My Health (MMH)

We are excited to announce we now have the online system Manage My Health available for your use.

Manage My Health is a secure and private online system that gives you the freedom to manage your health needs - and that of your family anytime, anywhere.

You will be able to access your medical records and share health information as required with other healthcare providers.

Services include:

- Ordering repeat prescriptions
- Booking appointments
- Access to notes/results and recalls
- Communicating with your GP and the Practice team

Registering for Manage My Health is easy

You will need an individual email address (not a family email address) and everyone over the age of 14 will need to register themselves.

When you are next in for an appointment, register with our receptionists

OR

We can do it for you online. Simply return the following information via email to managemyhealth@hv.radiusmedical.co.nz

Name

Current address

Date of birth

Individual email address

We will activate your Manage My Health patient portal. Then you would receive an email from Manage My Health and within that will be a link, once you have clicked into the link the message that you have successfully registered will be on screen. After which you will be able to visit the website and securely login using your email address and password provided. (Welcome2)

➤ ***Please note: an activation code is not required as we will do this for you when you register.***

Check out www.managemyhealth.co.nz if you would like to read more about it.

Kind regards,

The team at Silverstream Health Centre



Silverstream HEALTH CENTRE

Manage My Health Registration Form

Please print details clearly

We recommend you use or set up your own individual email address rather than using a family email. Once an email has been allocated to a person it can never be used by another family member for the purpose of Manage My Health.

Details required:

Name:	
Address:	
Date of Birth:	
Email address: (Each family member needs their own individual email address)	
Standard Password for MMH: (Please change this password once you have completed your registration)	<h2>Welcome2</h2>

Identification Sighted

Please do not try to activate your own account, you do not need an Activation code. We activate your Manage My Health account on our end. Please go straight to login after verifying your email.

Within the next couple of days you can expect an email from Manage My Health and within that will be a link, once you have clicked into the link the message that you have successfully registered will be on screen. After which you will be able to visit the website www.managemyhealth.co.nz and under **[Existing Members]** click on **[Secure login]** and use your email address and the standard password provided to log in. Please change this password once you have completed this process.

Also please note; if you have not received the Manage My Health email in your inbox please check it has not gone to spam or junk mail.

If you have any trouble getting started please phone 527-7376 or email administration@hv.radiusmedical.co.nz.

Signed:

Date:



At Silverstream Health Centre we believe in a personalised quality care approach to our medical services. We ask all new patients to book an initial appointment with one of our friendly nursing team so we can carry out some basic health checks such as height, weight and blood pressure and get to know you so we can make sure our services are suited to your personal needs. This is also a great opportunity for you to become familiar with our team and ask us any questions you may have about us and the services we provide.

Frequently asked questions

When is the Silverstream Health Centre open?

Monday to Thursday 8am - 8pm
Friday 8am – 5pm

Where can I get medical attention after hours?

Call 04 920 1800 for medical advice or to book an appointment outside of our centre hours. Our After Hours Service is located at Upper Hutt Health Centre, Queen Street Car Park, an appointment is required. You may be redirected to Lower Hutt Hours if appropriate.

Upper Hutt Health Centre After Hours - Opening Hours

Monday - Friday 5pm to 8pm

Weekends - 9am to 6pm

Public Holidays - 10am to 5pm

On-call charges will apply in the evenings, after closing time until 11pm

After 11pm, 7 days go to Lower Hutt Hospital or phone 5666 999

Can I get medical advice over the phone?

During our normal hours we recommend you book an appointment to see your GP however **after hours** we encourage you to call 04 920 1800.

Why is there an ACC surcharge?

ACC only covers part of the fee for medical attention you may receive as the result of an accident. Our ACC surcharge covers the remainder the costs involved in your consultation.

Why do you charge for repeat prescriptions?

Producing a repeat prescription is quite an involved process and there are a number of steps which must be taken by qualified medical staff prior to issue. We also put checks in place to ensure the safety of our patients, such as allergy screening and cross referencing other medications. As you will appreciate this is a process which can take a considerable amount of time.

Why do you charge for faxed prescriptions?

Faxed prescriptions incur additional charges due to the costs involved in processing them. They must also be posted on to the relevant pharmacy as they are required by law to hold a copy of the original prescription.

What other services are available to me at Silverstream Health Centre?

Audiogram/Women's health/Sexual Health/Asthma/Careplus/Travel Vaccinations/Spirometry/Diabetes/Long-term Condition/Vasectomy