Conifer Gardens
Medical Centre

Enrolment Procedure / Checklist		
		√
1.	Use a black pen to complete *all* forms	
2.	Complete an Enrolment Form and a Medical Questionnaire for *each* person who is enrolling	
3.	Complete *both* sides of the Enrolment Form	
4.	*Sign both sides* of the Enrolment Form remembering to date the back page	
5.	If you wish to register for Health 365 (patient portal / online service) complete the Health 365 form enclosed (please read the criteria for enrolling on Health 365)	
6.	Upon completion of the forms return them to reception along with either a birth certificate or passport for *each* person enrolling – we can take a copy of these for you. Once you are enrolled you will be able to make you an appointment with a GP. When your notes from your previous GP are received our nurse will contact you by phone and talk to you about you medical questionnaire. This will incur a nurse consult fee, free if under 14.	

Conifer Gardens
Medical Centre

To our valued patient

Our goal is to provide you with a satisfying, quality, caring and thorough assessment during your consultation.

The message we are receiving from our weekly patient survey is that patient satisfaction with our service is being hindered by the waiting times experienced within our practice.

In order to give everyone who wants to see a doctor or nurse a fair amount of time and to reduce waiting time for all, we would like to remind all of our patients that the standard appointment is for 15 minutes - it is usually only possible for the doctor or nurse to deal with one problem (health concern) in that time.

If you think you will need more than the standard 15 minute appointment (eg your concern is complicated), or if you have several problems to discuss, please book a double appointment (this will incur an extra fee).

During your consultation your doctor or nurse may advise you that your appointment has reached the end of its 15 minute timeframe. Your doctor or nurse may also advise you that you will need to make another appointment to cover all of your concerns – please do not be offended.

Thank you for your co-operation and understanding.

Kind regards
Conifer Gardens Medical Centre

Information for New Patients updated 7/10/19

In November 2018, Conifer Grove Medical Centre and Gardens Medical Centre merged to become Conifer Gardens Medical Centre.

The practice is part of Procare Network Manukau with Denis King, Peter Guy and Mark Wills (Omni Health) being the shareholders.

Conifer Gardens Medical Centre is committed to providing comprehensive, quality care to all of our patients. Our doctors and nurses are fully trained in general practice and we believe in supporting our patients' health care, best managed by fostering a relationship that is caring and trusting.

GP Clinic Team

- **Our Doctors**
  Dr Denis King Dr Lisa Stevenson Dr Peter Guy
  Dr May Lim Dr Noela Dugu
  We often have doctors for 6 month attachments gaining experience in working in a general practice.
- **Our Practice Nurses**
  Yilin Yu (Lead Nurse)
  Sarah De Lille (Practice Nurse)
  Lian Kairua (Practice Nurse)
  Jackie Appleby (Practice Nurse)
- **Our Administration Staff**
  Carolyn Colmer (Reception)
  Tracey Mead (Reception)
  Kyle Els (Reception)
  Ila Shaw (Reception)
  Donna Parkinson (Practice Manager)

Opening Hours to see a GP or Nurse (by appointment)

Monday	Tuesday	Wednesday	Thursday	Friday
8.30am–5.00pm	8.30am–5.00pm	10.00am–7.00 pm	8.30am–5.00pm	8.30am–5.00pm

After Hours

If you are unwell or injured when we are closed, you can call our practice, free of charge, to speak to a nurse, phone 09 298 0238 – all calls are free from a landline. Phone this nurse first to decide whether you need to go to an Urgent Care (afterhours) clinic. There are Accident & Medical clinics nearby and if you need them, they are funded at night, on weekends and public holidays to provide free or cheaper care for under 13's and over 65's. Your closest A&M's are Counties Care, 6-18 O'Shannessey Street, Papakura, ph 09 299 9380 or, Takanini Care A&M, 106 Great South Road, Takanini, ph 09 299 7670.

In an emergency always call 111 or go to Middlemore Hospital Emergency Department.

Appointments & Cancellations

To see a doctor or a nurse you need to phone the practice to make an appointment or book your appointment via H365 (patient portal). If you are unable to attend an appointment, please phone the clinic at least one hour before so that we can offer this time to another patient. A fee may be charged if you miss an appointment without letting us know.

Consultations

Consultations with the Doctor are of 15 minutes duration. It is usually only possible to deal with one problem (health concern) per person in that time, perhaps two if they are straightforward. If you think you will need more time (eg your concern is complicated) or if you have several problems to discuss, please remember to book a double appointment (this will incur an extra fee).

We hope to make the clinic schedule run smoothly to ensure that your waiting time is minimal and that you receive unrushed consideration of your problems.

Prescriptions
There is a fee for prescriptions and an extra charge is added for same day prescriptions.

You can phone the practice and give the nurse information about your medication and the dosage or, if you are registered with Health365 (online portal) you can request your *regular* medication online.

Be as accurate as you can to reduce guesswork and errors. Sometimes you will need to be seen by the Doctor before they prescribe repeat medicines for you. If this is the case the nurse will let you know and arrange an appointment for you.

It is important that you do not run out of your medications (especially over long weekends and for holidays) – plan well ahead of time so that we can make the best arrangement for you to get a repeat script.

Same day prescription requests will be available for pickup after 4pm on the day of the request – you will need to phone this request in before 12 noon. Regular prescription requests will be available after 4pm on the day following the request.

Test Results
If your results for tests indicate that further action is required, a Practice Nurse will contact you. If you do not hear from us you can assume that there is no cause for concern or further action required. However, if you would like your result or you still are not better, please do not hesitate to phone the practice and ask to speak with the nurse.

Fees
Our practice fees are regulated by NZ government who provide subsidies for your healthcare.

There are separate charges for other procedures in the clinic such as minor surgical procedures & biopsies, ECG's, liquid nitrogen, insurance & driver's medicals, pregnancy testing, cervical smears, wound dressings and vaccinations etc- please ask at Reception for fees / charges.

Why we contact you by phone / text / email / letters
Conifer Gardens Medical Centre cares about working with you to improve your health. For this reason, there are several we contact you for.

This could be a reminder about screening tests you are due for like smears, mammograms, blood pressure checks or to let you know your child is due for their immunisation.

The clinic will also text / email you newsletters which will provide you with clinic updates and current health information that may be of use to you.

Please let us know if your contact details change as this will help us to communicate with you effectively and efficiently.

ProCARE	**PATIENT ENROLMENT FORM**	CG Conifer Gardens Medical Centre 138 Great South Rd, Takanini, Auckland **P**: 09 298 0238 **F**: 09 297 7852 **E:cgmc@cgmc.co.nz**

Provider: GP2GP: EDI: congromc **Dr Denis King: NZMC 12732** **Dr May Lim: NZMC 46934** **Dr Noela Dugu: NZMC 47241** **Dr Lisa Stevenson: NZMC 64332** **Dr Peter Guy: NZMC 13839** **DR Carina Sue: NZMC 59477**	NHI *(Office use only)*

Name	(Title)	Given Name*	Other Given Name(s)*	Family Name*
Preferred Name/ Maiden name				
Birth Details		Day / Month / Year of Birth*	Place of Birth*	Country of birth*
Gender		☐ Male* ☐ Female* ☐ Gender diverse (please state) *		Employer Address 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

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.

☐ Yes, please request transfer of my records* ☐ No transfer ☐ Not applicable

Previous Doctor and/or Practice Name | Address / Location

Do you agree to receive text messages? ☐ Yes ☐ No

Ethnicity Details*
Which ethnic group(s) do you belong to?
Tick the space or spaces which apply to you

- ◯ New Zealand European
- ◯ Maori
- ◯ Samoan
- ◯ Cook Island Maori
- ◯ Tongan
- ◯ Niuean
- ◯ Chinese
- ◯ Indian
- ◯ Other (such as Dutch, Japanese, Tokelauan). Please state

Community Services Card ☐ Yes ☐ No

Day / Month / Year of Expiry | Card Number

High User Health Card ☐ Yes ☐ No

Day / Month / Year of Expiry | Card Number

Do you Smoke?*
Never smoked ☐
Ex-smoker ☐ Greater than 15mths ☐ Less than 12mths ☐
Would you like support to continue being smokefree? Yes☐ No ☐
Current smoker ☐ Would you like support to quit? Yes ☐No ☐

Signature

Please Turn Over

Please turn the page over and sign and date the bottom of that page

My declaration of entitlement and eligibility

I am entitled to enrol because I am residing permanently in New Zealand. *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 am eligible to enrol because:

a	**I am a New Zealand citizen** *(If yes, tick box and proceed to **I confirm that, if requested, I can provide proof of my eligibility** below)*	☐

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)	☐
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	☐
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)	☐
e	I am an interim visa holder who was eligible immediately before my interim visa started	☐
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	☐
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	☐
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)	☐
i	I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme	☐
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	☐

I confirm that, if requested, I can provide proof of my eligibility	☐	Evidence sighted (*Office use only*)

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 understand that by enrolling with this practice, I will be included in the enrolled population with the Primary Health Organisation (PHO) this practice belongs to, 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 do not wish to participate in the National Patient Survey ☐

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*	☐ Self-Signing	☐ 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)		

***You must provide a copy of either your passport or birth certificate when submitting your enrolment form (not needed if you are re-enrolling)**

Conifer Gardens Medical Centre

NEW PATIENT Medical Questionnaire updated 15/4/19

Complete and return with your enrolment form

Patient Name:	Patient DOB:	Date:

1. Do you have any, or have had any of the following medical conditions:

	Self	Family		Self	Family
Diabetes	◯ Yes ◯ No	◯ Yes ◯ No	Blood clot/disorder	◯ Yes ◯ No	◯ Yes ◯ No
High Blood pressure	◯ Yes ◯ No	◯ Yes ◯ No	Stroke	◯ Yes ◯ No	◯ Yes ◯ No
Heart disease or circulation	◯ Yes ◯ No	◯ Yes ◯ No	High cholesterol	◯ Yes ◯ No	◯ Yes ◯ No
Heart Attack◯ <60yr ◯ >60yr	◯ Yes ◯ No	◯ Yes ◯ No	Migraine	◯ Yes ◯ No	◯ Yes ◯ No
Asthma, lung or respirator	◯ Yes ◯ No	◯ Yes ◯ No	Epilepsy	◯ Yes ◯ No	◯ Yes ◯ No
Kidney disease	◯ Yes ◯ No	◯ Yes ◯ No	Cancer incl skin cancer	◯ Yes ◯ No	◯ Yes ◯ No
Liver disease or Hepatitis	◯ Yes ◯ No	◯ Yes ◯ No	Glaucoma	◯ Yes ◯ No	◯ Yes ◯ No
Bowel disease or problems	◯ Yes ◯ No	◯ Yes ◯ No	Rheumatic Fever	◯ Yes ◯ No	◯ Yes ◯ No
Joint disease or arthritis	◯ Yes ◯ No	◯ Yes ◯ No	Tuberculosis (TB)	◯ Yes ◯ No	◯ Yes ◯ No
Depression and/or anxiety	◯ Yes ◯ No	◯ Yes ◯ No	Eczema	◯ Yes ◯ No	◯ Yes ◯ No
Other mental health illnesses	◯ Yes ◯ No	◯ Yes ◯ No	Hay Fever	◯ Yes ◯ No	◯ Yes ◯ No

2. Do you have any **other health, disability problems or inherited conditions**? – please list

_____

_____

3. Please list any **regular medications** that you take:

_____

_____

4. Have you had any **operations?** ◯ Yes (please list) ◯ No

_____

_____

5. Are you allergic to anything, especially medications? ◯ Yes (please list) ◯ No

_____

_____

6. Do you drink alcohol? ◯ Ye s ◯ No If yes, on average, how much/week _____ And what type _____

7. Do you have any **substance abuse** problems? ◯ Yes ◯ No

8. When was your last **Tetanus booster**? _____

9. Are your childhood **immunisations** up to date? ◯ Yes ◯ No ◯ Don't' know

10. **Women**: (those over 20 years and sexually active)
When was your most recent cervical smear? _____

Have you ever had an abnormal smear? ◯ Yes ◯ No ◯ Don't know

Have you had a mammogram (those over 45 years)? ◯ Yes ◯ No If Yes, when? _____

11. **Men:** When was your last health check up? _____

NURSE TO COMPLETE

12. General Observation: Height:_____ Weight: _____ BP: _____ Waist _____
13. Is CVDRA appropriate? ◯ Yes ◯ No
14. Any extra bloods needed? ◯ Yes ◯ No
15. Book smear if due ◯
16. Give mammogram booking information ◯

Conifer Gardens Medical Centre

Health365
A FREE online service

Register with Health365 and you will be able to;

- Make appointments with your GP or nurse at any time of the day or night
- Order repeat prescriptions
- View and track your test results
- Get a list of scheduled events (eg due dates for check-ups and follow-up care)

To register with Health365;

- Each patient who signs up must have their own email address
- You must be aged 16 years of age or older to register
- Complete this form (see below) and return to Conifer Gardens Medical Centre with your completed enrolment form
- We will sign you up and you will be sent a confirmation email with further instructions – this is usually done on the day of receipt of this completed form

……

I wish to register with Health365 ☐

My email address is _____

Name_____

Date _____

Conifer Gardens
Medical Centre

In New Zealand, when you use a health or disability service you have rights.

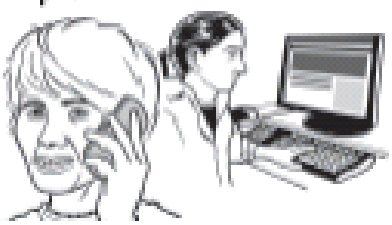
Health and Disability Commissioner
Te Toihau Hauora, Hauātanga

You have:

1. the right to be treated with respect
2. the right to be treated fairly
3. the right to dignity and independence
4. the right to have good care and support that fits your needs
5. the right to be told things in a way you understand
6. the right to be told everything you need to know about your care and support
7. the right to make choices about your care and support
8. the right to have support
9. the right to decide if you want to be part of training, teaching or research
10. the right to make a complaint

If you are not happy with the services and support you receive, you can:

- Talk to the person you are not happy with
- Ask your family member or friend to help you make a complaint
- Call **0800 55 50 50** and ask for a Health and Disability Advocate
- Call **0800 11 22 33** to make a complaint with the Health and Disability Commissioner



Conifer Gardens Medical Centre

ProCARE

ENROLMENT GUIDE FOR PATIENTS

How to enrol?

To enrol you must be eligible, entitled and complete the accompanying enrolment form at the general practice of your choice.

You will need to provide evidence of citizenship or eligibility for publicly funded health services; please do not be offended when asked.

What are the enrolment criteria?

I am entitled to enrol because **I am residing permanently in New Zealand***

I am **eligible** to enrol because I meet one of the eligibility criteria listed below:

a) I am a New Zealand citizen **OR**

b) I hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010) **OR**

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 **OR**

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) **OR**

e) I am an interim visa holder** who was eligible immediately before my interim visa started **OR**

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 **OR**

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

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) **OR**

i) I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme **OR**

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.

You will need to tick the eligibility criteria that applies to you on your enrolment form. For further information about eligibility, please refer to www.moh.govt.nz/eligibility

Other situations where you may be asked to signed an enrolment form:

Casual Patient

If you do not meet the enrolment criteria and wish to be a casual patient, please complete the relevant part of the enrolment form.

Enrolling children (under 16 years)

Parents can enrol and sign for children under 16 years of age, but children 16 years or over must sign their own form.

Enrolling someone else (other than children)

In some circumstances, you may sign for another person if they are unable to consent on their own behalf. This is referred to as 'Signed by Authority'.

Frequently Asked Questions:

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 practice changes to a new PHO?

If the general practice changes to a new PHO, they 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 three-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, you 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 affiliated PHO at a later time.

** The definition residing in NZ is that you intend to be resident in New Zealand for at least 183 days in the next 12 months*

*** If a person has an interim visa this means they are waiting for Immigration to finish processing an application. Immigration issues interim visas if the old visa has run out but the new visa is processing. To determine the eligibility of an interim visa holder you should look at what their eligibility status was immediately prior to being issued the interim visa. For example, the person had a two-year work permit and has been issued with an interim visa while waiting for their application for another two-year work permit to be processed. Immigration usually issues Interim visas in a letter form.*

Conifer Gardens Medical Centre

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.

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
- plan and fund health services
- carry out authorised research
- train healthcare professionals
- prepare and publish statistics
- improve government services.

Confidentiality and information sharing

Your privacy and the confidentiality of your information is really 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 don't 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.

- 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.

Many practices now offer a patient portal, which allows you to view some of your practice health records online. Ask your practice if they're offering a portal so you can register.

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.
- Notification of births and deaths to the Births, Deaths and Marriages register may be performed electronically to streamline a person's interactions with government.

Research

Your health information may be used in research approved by an ethics committee or when it has had identifying details removed.

- Research which may directly or indirectly identify you can only be published if the researcher has previously obtained your consent and the study has received ethics approval.
- Under the law, you are not required to give consent to the use of your health information if it's for unpublished research or statistical purposes, or if it's published in a way that doesn't identify you.

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 this further.

For further information

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-support/health-care-services/sharing-your- health-information.