



# Registration checklist

Name

Date of Birth

Would you like to receive text messages?

Y ☐ N ☐

## Patient history

Are you allergic to any medications?

Y ☐ Please state:

N ☐

Date of last tetanus booster?

Which childhood immunisations have you received?

6 weeks ☐ 3 months ☐ 5 months ☐ 15 months ☐ 4 years ☐ 11 years ☐  
Unsure ☐ Declined ☐

Do you smoke?

N ☐

Y ☐  cigarettes / day

Did you smoke in the past?

N ☐

Y ☐ When did you quit?

Do you drink alcohol?

N ☐

Y ☐  drinks / week

What type?

Date of last mammogram

Annual ☐ Two yearly ☐

Date of last smear

Any abnormal history



# Titirangi Medical Centre

## Major illness / operation history

Illness / Operation

Date

Illness / Operation

Date

Illness / Operation

Date

Illness / Operation

Date

Illness / Operation

Date

Illness / Operation

Date

## Patient's family history

Heart disease	<input type="checkbox"/>	Who	<input type="text"/>	What	<input type="text"/>	Age of onset	<input type="text"/>
Diabetes	<input type="checkbox"/>	Who	<input type="text"/>	What	<input type="text"/>	Age of onset	<input type="text"/>
Cholesterol	<input type="checkbox"/>	Who	<input type="text"/>	What	<input type="text"/>	Age of onset	<input type="text"/>

All new patients are required to see the nurse before their first GP appointment in order to collect baseline readings (e.g weight, height, blood pressure etc). The first GP appointment will also be a double appointment (1/2 hour) to ensure that the doctor can review your history.

Signature

Date

## Office use only

Date received (electronic)

Date received (hard copy)

2 Rangiwai Rd  
Titirangi  
Waitakere 0604  
Auckland

PO Box 60-107  
Titirangi  
Waitakere 0604  
Auckland

Email admin@titirangimc.co.nz  
Tel +64 9 817 8069  
Fax +64 9 817 8067  
Healthlink edi titimedi

NZMC Numbers:  
Dr Wong 17501  
Dr Conning 36296  
Dr Boey 47201  
Dr Brown 59863  
Dr Teh 64644



# Consent Form for Request of Notes

Date	New TMC GP	NZMC No
<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous Medical Center / GP	Previous Medical Centre Fax	
<input type="text"/>	<input type="text"/>	

Patient 1 name

Date of Birth	NHI	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

Patient 2 name

Date of Birth	NHI	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

Patient 3 name

Date of Birth	NHI	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

Patient 4 name (If you require more patients please duplicate this form)

Date of Birth	NHI	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

To the previous medical practice

The patients listed above have now enrolled as a regular patient with our practice and we would appreciate you forwarding their medical records to us. If they are not registered with your practice please contact us.

Please send notes electronically where possible via (preferably GP2GP). EDI: titimedi

Patient consent

By signing this form, I consent to the release of my medical records and/or those of my children under 16 years of age to Titirangi Medical Centre Ltd.

Office use only

Date received (electronic)	Date received (hard copy)
<input type="text"/>	<input type="text"/>



# Electronic Transfer of Notes

Date

To whom it may concern:

Please be advised that any notes held on our PMS have been sent electronically via GP2GP or EDI to your healthlink mailbox. Please acknowledge receipt by faxing Titirangi Medical Centre Ltd on 09 817 8067.

Many thanks

Office Manager  
Rowena Coleman

Patient 1 name

Date of Birth

NHI

HC Posted

Patient 2 name

Date of Birth

NHI

HC Posted

Patient 3 name

Date of Birth

NHI

HC Posted

Patient 4 name

Date of Birth

NHI

HC Posted

We acknowledge receipt of notes requested

Signature

Date



# Privacy Declaration (optional)

I

Authorise that the doctors or nurses at Titirangi Medical Centre may advise my next of kin:

Name

Relationship

Name

Relationship

Of the results of medical tests and discuss relevant medical issues pertaining to myself.

Signature

Date