



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)



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

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



Health 365 Portal Registration

We are happy to introduce the availability of a patient portal Health 365 for our enrolled patients. It will allow you to view medical information on yourself and your children under sixteen. This information includes immunisation history, allergies, measurements, upcoming tasks, lab results, and order regular prescriptions. Online appointment bookings are also available, please keep to your own doctor where possible. If you are acutely unwell and there are no slots available online, always phone reception and double check as we do reserve a couple of slots each day for urgent cases.

Due to significant costs associated with installation and maintenance of the patient portal we will be charging a \$10 enrolment fee for each patient 16 and over and possibly a \$10 yearly fee. Children under 16 will need one parent to sign on using their email address. Personal email addresses are preferred as you are accessing private information.

Name

Date of Birth

Email

Additional children under 16 years

Name

Date of birth

Name

Date of birth

Name

Date of birth

Name

Date of birth

Signature

Date

Invoiced

☐

Emailed

☐

Paid

☐