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| **CASUAL FORM** | Howick Health and Medical Centre  108 Ridge Rd, Howick, Auckland 2014  Ph no: (09) 534 3978 Fax: (09) 5373672  EDI address: howickmc  PLEASE PREFERABLY SEND PATIENT NOTES BY GP2GP |

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| Dr. Ray Khoo MC 22303  Dr. Rosamund Vallings MC 5795  Dr. Hayley Wilson MC 33000  Dr. Amanda Sew Hoy MC 47337  Dr. Ruby Yeh MC 71708  **ANY** |  |
| NHI *(Office use only)* |

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| **Name** |  | |  | | | | |  | |  | | | | | | |
| (Title) | | Given Name | | | | | Other Given Name(s) | | Family Name | | | | | | |
| **Other Name(s)**  (e.g. 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** | | |  |  |  | | | | | Occupation | | | | | | |
| Male | Female | Gender diverse (please state) | | | | |
| **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 | | |
|  | |  | | | | **Do you agree to receive text messages and emails? See conditions on separate attachment.** | | | | | | | 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?** | | | | | Yes | No (ex-smoker) | | | | Never | |
| **Note: the practice uses texting as a very common efficient method of informing patients of their results, recalls and appointments.** | | | | | | | | | | | |