

edi: ellsmc
Dr Andrea Steinberg NZMC 19234 (Please use GP2GP)

NHI (Office use only)

Name	<small>(Title)</small>	Given Name	Other Given Name(s)	Family Name
Other Name(s) <small>(e.g. maiden name)</small>		Email address (16yrs old and above must use their own email address)		
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)
Usual Residential Address		House Number and Street Name		Suburb/Rural Location
Postal Address <small>(if different from above)</small>		House Number and Street Name or PO Box Number		Suburb/Rural Delivery
Contact Details		Mobile Phone	Home Phone	Work Phone
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.		
		<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 <small>Which ethnic group(s) do you belong to? Tick the space or spaces which apply to you</small>		Community Services Card		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="radio"/> New Zealand European <input type="radio"/> Maori Iwi: _____ Hapū: _____		Day / Month / Year of Expiry		Card Number
<input type="radio"/> Samoan <input type="radio"/> Cook Island Maori <input type="radio"/> Tongan <input type="radio"/> Niuean <input type="radio"/> Chinese <input type="radio"/> Indian <input type="radio"/> Other (such as Dutch, Japanese, Tokelauan). Please state: _____		Patient Portal <small>For appointment bookings, repeat prescriptions & test results online. Would you like to sign up to the portal? Available to patients age 16 and above. Each person must have their own email address. See consent form page 4</small>		<input type="checkbox"/> Yes <input type="checkbox"/> No
		Newsletter <small>Would you like to be signed up to our newsletter? This is only used for urgent and important notifications.</small>		<input type="checkbox"/> No



DECLARATION OF ENTITLEMENT AND ELIGIBILITY

41 Robert Street,
Ellerslie,
Auckland 1051
EDI: ellsmc
Phone: 09 579 6147
www.ellersliemedical.co.nz

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 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)

Full Name _____

Personal History

Current Medical Problems

Current Medications

Allergies (for medicines)

Smoking History

Never Smoked

Current Smoker

Ex-Smoker over one year

I would like to talk to the nurse for help with quitting

Ex-Smoker less than one year

Alcohol (how many units per week)

Other Drug Use

Weight

Height

Past History

Asthma

Epilepsy

Stroke

Other (please list)

Diabetes, Type:

Kidney Disease

Heart Attack

High Blood Pressure

High Cholesterol

Arthritis:

Hepatitis

Mental Health:

Operations:

Cancers:

Family History

Do any of the above or other conditions run in your family? Please list below

	<h1>PORTAL ENROLMENT</h1>	<p>41 Robert Street, Ellerslie, Auckland 1051 EDI: ellsmcdc Phone: 09 579 6147 www.ellersliemedical.co.nz</p>
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We use MANAGE MY HEALTH for our patient portal. See <https://managemyhealth.co.nz/>

How is a portal useful for you?

- You can see your blood test results, X-rays and scans, and specialist letters, once they have been reviewed by your doctor.
- You can see your allergies, immunisations, medications, and long-term medical conditions.
- You can book appointments with your doctor or nurse
- You can order medication repeats. Your doctor will review your request and send the medication to your pharmacy if it is safe and appropriate to do so without an in-person review.

Can any patient join?

- Only patients 16 and over may enrol in the portal
- Each patient needs to have a unique email address to enrol

Is the portal secure?

- There has been a data breach of some documents in Dec 2025. Manage My Health has done a thorough investigation, there has been independent review, overseen by the Privacy Commissioner and Health NZ (the Government Agency responsible for running the health system). They have reported that the system is secure and there are no current concerns.
- Since this incident, Manage My Health has mandated 2-Factor-Authentication for all users to log on.
- Please see <https://managemyhealth.co.nz/faqs-cyber-breach/> for more information
- If there is specific information you do not wish to be uploaded to your portal, please let us know.

Why is Ellerslie Medical Centre using this portal?

- We have found it to be the most user friendly for patients and our team
- We have reviewed the information re security in light of the incident in Dec 26 and are satisfied that Health NZ has advised that the system is secure

What happens if I enrol and change my mind?

- You can notify Manage my Health at any time via your log-in that you wish to dis-enrol and they will delete all your information

I WISH TO enrol on the portal (we will email you a link to log on)

I do NOT wish to enrol on the portal
(please delete one).

Signed.....

Date.....