ELLERSLIE MEDICAL CENTRE

ENROLMENT FORM

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

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

NHI *(Office use only)*

Name	(Title)	Given Name	Other Given Name(s)	Family Name
Other Name(s) (e.g. maiden name)			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	☐ Male	☐ Female	☐ Gender diverse (please state)	Occupation
Usual Residential Address		House 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	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.

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

Previous Doctor and/or Practice Name | Address / Location

Ethnicity Details

Which ethnic group(s) do you belong to?

Tick the space or spaces which apply to you

- ○ New Zealand European
- ○ Maori
  - Iwi: _____
  - Hapū: _____
- ○ 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

Patient Portal ☐ Yes ☐ No

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

Newsletter ☐ No

Would you like to be signed up to our newsletter? This is only used for urgent and important notifications.

ELLERSLIE MEDICAL CENTRE	**DECLARATION OF ENTITLEMENT AND ELIGIBILITY**	41 Robert Street, Ellerslie, Auckland 1051 EDI: ellsmedc 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)		

ELLERSLIE MEDICAL CENTRE	**INFORMATION PRIVACY & SECURITY**	41 Robert Street, Ellerslie, Auckland 1051 EDI: ellsmedc Phone: 09 579 6147 www.ellersliemedical.co.nz

How we collect, use and protect your information

What we collect

- Your details, such as name, date of birth, address, ethnicity and NHI number
- Your health information, such as conditions, medications, immunisations, screening and test results
- Information from other health services involved in your care, such as hospitals, specialists, laboratories and screening programmes
- Relevant information from other agencies where it supports your care, such as ACC or Work and Income

How we use it

- To support your healthcare and share information with clinicians involved in your care
- To help manage practice services and improve care for patients and the community
- To manage appointments, reminders, referrals, prescriptions, results and practice communications

Your Choices

- You can ask us what information we hold about you, request a correction if something is wrong, and talk to us if you are concerned about how your information is collected, used or shared
- If you do not want some health information collected or shared, please speak with our reception team or your healthcare provider so we can explain your options.

Your privacy and security

- Your information is sent and stored securely
- Some information may be stored by trusted cloud providers in New Zealand and Australia. The providers may process the information in other countries, but it is not stored there
- Information is encrypted and protected by strong international security processes
- We follow the Privacy Act 2020 and the Health Information Privacy Code 2020.

Please ask us if you have questions. We are happy to explain how your health information is used and how your privacy is protected.

See the link below for more information about the use and confidentiality of your health information
https://www.procare.co.nz/use-and-confidentiality

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MEDICAL HISTORY

Full Name_____

Personal History

Current Medical Problems

Current Medications

Allergies (for medicines)

Smoking History

☐ Never Smoked

☐ Ex-Smoker over one year

☐ Ex-Smoker less than one year

☐ Current Smoker

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

Alcohol (how many units per week)

Other Drug Use

Weight Height

Past History

☐ Asthma
☐ Diabetes, Type:
☐ High Blood Pressure
☐ Hepatitis
☐ Cancers:
☐ Epilepsy
☐ Kidney Disease
☐ High Cholesterol
☐ Mental Health:
☐ Stroke
☐ Heart Attack
☐ Arthritis:
☐ Operations:
☐ Other (please list)

Family History

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

ELLERSLIE MEDICAL CENTRE	**PORTAL ENROLMENT**	41 Robert Street, Ellerslie, Auckland 1051 EDI: ellsmedc Phone: 09 579 6147 www.ellersliemedical.co.nz

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…….