

PHO Enrolment Form – Seddon Clinic

By completing this form you are registering as a regular patient with Dr Mark Foley and his practice - and enrolling into a PHO. Your health care needs will be provided for you through this practice. Dr Jan Shapcott will be the GP attending the Seddon Health Clinic. Please return this form to either the Seddon Clinic (Plunket Rooms) or our Blenheim Clinic (24 George St), post to P.O.Box 382 Blenheim or fax 578 4632

First Names:	Last Name:	Preferred Name: (if different from your first name)	
Address			
Phone - home	Ph - work	Mobile	
Fax	Email		
Date of birth	Are you happy for results to be emailed or texted to your mobile Yes - EMail <input type="checkbox"/> Yes - Txt <input type="checkbox"/> No <input type="checkbox"/> Do you want to receive a txt reminder of your appointment Yes - <input type="checkbox"/>		
Occupation	Community Services Card	High User Health Card	
Marital Status	Medical Insurance Company		
Ethnicity:	New Zealander	Maori	Polynesian Asian European Other:
Next of Kin	Name:	Phone:	
	Relationship: E.g. Mother, Son etc		
Your Employer:	Company name:	Phone:	

TRANSFER OF RECORDS FROM ANOTHER PRACTICE In order to get the best co-ordinated clinical care, I ask this practice to request that my medical records are transferred from my previous practice. I understand I will also be removed from the register of my previous practice. Yes ___ No ___ Not Applicable ___

PREVIOUS PRACTICE(NAME&ADDRESS)_____

I consent to Dr Foley’s practice contacting HealthPac on my behalf should there be any clarification required regarding my PHO registration details. I also agree to pay for the consultations in full on the day. I will inform you if I my contact details, including email address, need updating.

Signed: _____ Date: _____

OFFICE USE: If you are using Med-Tech 32 please send the notes electronically through Healthlink. Our EDI is drmfoley. If you need assistance doing this please phone us, we will be more than happy to assist you. Phone 03 578 1665. Dr Mark Foley, 24 George Street, P.O. Box 382 Blenheim.

If you have other family members use this space for their details:

First Name _____ Last Name: _____ DOB: _____ Mobile _____
If different from above If different from above

First Name _____ Last Name: _____ DOB: _____ Mobile _____
If different from above If different from above

First Name _____ Last Name: _____ DOB: _____ Mobile _____
If different from above If different from above

First Name _____ Last Name: _____ DOB: _____ Mobile _____
If different from above If different from above