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| --- | --- |
| **CASUAL FORM** | Howick Health and Medical Centre108 Ridge Rd, Howick, Auckland 2014Ph no: (09) 534 3978 Fax: (09) 5373672EDI address: howickmcPLEASE PREFERABLY SEND PATIENT NOTES BY GP2GP  |

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| Dr. Ray Khoo MC 22303Dr. Rosamund Vallings MC 5795Dr. Hayley Wilson MC 33000Dr. Amanda Sew Hoy MC 47337Dr. 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.**  |