

Enrolment Information

The doctors at the practice are:

Male Doctors:

Dr. Alex Lyudin – Enrolling patients

Clinic Hours:

Mon, Wed & Fri: 8.30am-5.00pm

Tuesday: 2.00pm-7.00pm

Thursday: 8.30am-7.00pm

Dr. James Harman – Enrolling patients

Clinic Hours:

Monday: 1pm – 3.30pm

Wednesday: 8am – 4.30pm

Friday: 1.30pm – 4.30pm

Dr Tim Smith – not enrolling patients

Clinic Hours:

Mon, Wed & Fri: 8.30am – 5.00pm

Tuesday: 9.00 – 7.00pm

Female Doctors:

Dr. Narae Song – Enrolling patients

Clinic Hours:

Monday: 8.30am – 4.30pm

Wednesday 3.15pm – 5.00pm

Thursday: 1.00pm – 7.00pm

Dr. Nicki Pointing – not enrolling patients

Clinic Hours:

Mon, Tues, Thurs, Fri: 9.30am – 2.00pm

Wednesday: 9:45 – 3:45pm

Dr Elise Thibodeau

Dr Thibodeau is not available to enrol with, however she is available to see all registered patients within the following clinic hours:

Tuesday: 9am – 12.30pm

Friday: 9am – 12.30pm

When returning your enrolment forms please ensure:

- All fields marked with * are completed.
- Requests for medical records and enrolment forms for patients 16 years and older have been completed & signed by the patient - parents/caregivers cannot sign on their behalf.
- The Code of Conduct has been read & signed.
- You have provided individual email addresses for Manage My Health registration – we cannot register more than one patient per email address.
- You have circled the doctor you wish to enrol with.

When returning your completed enrolment forms please include:

- Copy of photo ID for anyone 16 years and older e.g. NZ Driver's License, Passport or Student ID.
- If any type of NZ Visa is held, including a New Zealand Permanent Resident Visa we require a copy of this along with the date you entered New Zealand. (If a New Zealand Passport is held then we can site this instead).

Please be aware:

- Once we have the completed forms & required supporting documents we will arrange for your records to be transferred to us. Your previous practice has 10 *working days* (2 weeks) to send your records through.
- We like to receive your records *before* we make you an appointment or arrange a prescription. If you are requiring an appointment or prescription within the next 10 working days it is preferable for you to arrange this with your previous GP before you return your forms to us.
- If you would like confirmation that we have received your records please phone reception in 10 working days.
- Code of Conduct & Manage My Health forms do not need to be completed for anyone under the age of 16.
- One 'Request for Transfer of Patient Records' can be completed for all family members with the appropriate person signing per patient.
- Enrolment acceptance is subject to Management approval.

Practice Information

Paraparaumu Medical Centre
40 Ihakara Street
PO Box 72
Paraparaumu
Ph. 04 902 8507 Fax. 04 902 8510

Our Charges – Enrolled Patients

Consultation with GP including ACC & Long Term Conditions

<i>Age</i>	<i>Non Community Services Card Holder</i>	<i>Community Services Card Holder</i>
0-13	No Charge	No Charge
14-17	\$43.00	\$12.50
18-24	\$50.00	\$18.50
25-44	\$51.00	\$18.50
45-64	\$52.00	\$18.50
65+	\$48.00	\$18.50

Nurse Appointments

	<i>Non Community Services Card Holder</i>	<i>Community Services Card Holder</i>
Consultations	\$28.00	\$18.50
Long Term Conditions	\$30.00	\$18.50
Cervical Smear	\$36.00	\$25.00

Prescriptions

	<i>Non Community Services Card Holder</i>	<i>Community Services Card Holder</i>
Standard Prescription – Ready in 2 working days:		
0-13	No charge	No charge
13-17	\$19.00	\$12.50
18+	\$24.00	\$18.50
Urgent Same Day Prescription – (must be ordered before 12pm):		
13-17	\$22.00	\$15.50
18+	\$27.00	\$21.50

Payment is expected on the day of consultation. An \$8.00 accounting fee will be added to all unpaid accounts. Please see our *full list* of Patient fees on our website or in practice for further services & fees.

Afterhours:

In the event that you need to be seen outside of practice hours please call our usual number 049028507, this will divert to an afterhours health service where you will speak with a registered nurse. You will be provided with details of the on call doctor & where you can be seen.

Please be aware that afterhours consult fees will apply and are subject to the fees of the practice that you are seen at.

Code of Conduct

Our aim at Paraparaumu Medical Centre is to provide a safe and pleasant working environment in which patients and staff give and receive mutual respect. To assist in providing this, all persons accessing the services of the practice are expected to observe the Practice Code of Conduct.

The Practice Code of Conduct's main aim is "people attending the practice, whether in person or by telephone, should behave in a manner that respects the rights of others and the practice environment."

Violent behaviour is never tolerated and will result in Police intervention and immediate removal of the patient concerned from the practice register

The following behaviour falls outside the Code of Conduct and is therefore considered to be **unacceptable**:

- Excessive noise which is obtrusive to others in the vicinity.
- Demanding, manipulative or bullying behaviour.
- Use of threatening, abusive or obscene language.
- Offensive remarks of a racial, sexual or personally derogatory nature.
- Damage or theft to the property.
- Threatening or aggressive gestures and actions.
- Inappropriate behaviour involving alcohol/substance misuse.
- Repeated non-attendance for appointments.

Any person acting in an unacceptable manner can be asked by a member of staff to stop behaving in such a way and to observe the Practice Code of Conduct.

Declaration:

As an enrolled patient of Paraparaumu Medical Centre I agree to observe the rules of the practice outlined in this Code of Conduct.

I also agree to pay for health services on the same day I receive them.

I understand that if I have an outstanding debt, this will be referred to a collection agency after 60 days. All costs of collection incurred in the recovery of overdue accounts, including but not limited to debt recovery charges, late payment penalties and legal fees will be added to the balance of your account. Recovery collection costs may be up to 40.35% on the gross amount outstanding. In addition you may incur a late payment fee of 10% on the gross amount outstanding on any late payments including any disbursements. Any appointments that are missed will incur a \$10 fee. Cancellations less than an hour prior to appointment will incur a \$10 fee.

The practice reserves the right to remove patients from the enrolment register for ongoing debt or breaches of the Code of Conduct.

Name _____

Signature _____

Date _____



40 Ihakara St, P O Box 72

Paraparaumu

Phone 04 9028507 Fax 04 902 8510

Request for Transfer of Patient Records

Date	_____
Previous Medical Centre	_____
Address	_____ _____

I/we would be grateful if you would forward all medical information you hold on me and the family members listed below, to Paraparaumu Medical Centre.

Full Name*	Date of Birth*	Signature*
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please note: requests for medical records for patients over 16 years must be signed by the patient, parents cannot sign on their behalf.

Please circle below the doctor your wish to transfer to:

- | | | | |
|-----------------|-------|------------|-------|
| Alex Lyudin | 59619 | Narae Song | 59610 |
| Dr James Harman | 18326 | | |

Please use GP2GP where possible.

EDI: PARAMUML

Family Name:*		Given Name/s:*	
Date of Birth:*		Preferred Name:	
Gender:*		Country of Birth:*	
If other gender please state:		Place of Birth:*	
Address:*		Postal Address: (If different from physical address)	

Email:*			
Phone Number/s:*	(H)	(w)	(mob)
Smoking Status:	Current Smoker	Ex-Smoker	Never Smoked
Emergency Contact:*	Name:	Relationship:	Contact Number:
Community Services Card	Y/N	Exp:	#:

<p>*I am eligible to enrol in Compass PHO. I choose to use this Practice as my regular and on-going provider of general practice/GP/First Level primary health care services.</p> <p>I am eligible and entitled to enrol because I am residing permanently in New Zealand and I am a New Zealand Citizen <input type="checkbox"/></p> <p>OR meet one of the criteria laid out in the Eligibility Guide, with the corresponding letter: <input type="checkbox"/></p> <ul style="list-style-type: none"> I have read and 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 confirm that if requested I can provide proof of my eligibility. I agree to inform the Practice of any changes in my eligibility. I understand that by enrolling with this Practice, I will be enrolled with the Primary health Organisation (PHO) this Practice belongs to and my name, address and other identification details will be included on both the Practice and the PHO Enrolment Register. I understand that if I visit another 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 with the PHO, and their contact details. 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. This survey provides important information that is used to improve health services. I agree to receive txt messages regarding appointment reminders, test results etc. I understand enrolment acceptance is subject to Management approval. <p>SIGNED*: _____ DATE:* _____</p> <p>or SIGNED AUTHORITY:* _____ DATE:* _____</p>	<p>Which ethnic group do you belong to?*</p> <p>Tick the space/s that apply to you</p> <table border="1"> <tr><td>New Zealand European</td><td></td></tr> <tr><td>Maori</td><td></td></tr> <tr><td>Samoan</td><td></td></tr> <tr><td>Cook Island Maori</td><td></td></tr> <tr><td>Tongan</td><td></td></tr> <tr><td>Niuean</td><td></td></tr> <tr><td>Chinese</td><td></td></tr> <tr><td>Indian</td><td></td></tr> <tr><td>Other Please state:</td><td></td></tr> </table>	New Zealand European		Maori		Samoan		Cook Island Maori		Tongan		Niuean		Chinese		Indian		Other Please state:	
New Zealand European																			
Maori																			
Samoan																			
Cook Island Maori																			
Tongan																			
Niuean																			
Chinese																			
Indian																			
Other Please state:																			

ENROLMENT ELIGIBILITY QUESTIONNAIRE

Please ensure you enter one of the below letters onto the enrolment form as requested.

- A.** I hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010) **OR**
- B.** 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 **OR**
- C.** 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) **OR**
- D.** I am an interim visa holder who was eligible immediately before my interim visa started **OR**
- E.** 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 **OR**
- F.** 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**
- G.** I am 18 or 19 years old and can demonstrate that, on the 15 April 2011, I was the dependant of an eligible work permit holder **OR**
- 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) **OR**
- I.** I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme **OR**
- 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.

Paraparaumu Medical Centre New Client Questionnaire

Please complete all fields. This information will be entered into your clinical records to assist us in providing continuity of care.

Patient name		Date of birth	
Address			
Contact phone number Home		Work	Mobile
Smoking status (please tick the appropriate box)			
Smoker	Non Smoker	I stopped smoking in (please state month/year)	I would like support to stop.
Alcohol consumption			
Number of drinks per week		Type of alcohol Spirits Beer	
Family history			
Please state relationship of person/s e.g. mother, grandfather, brother			
Asthma			
Diabetes			
Heart disease			
High blood pressure			
Respiratory disease			
Cancer (please state type)			
Mental illness (please describe)			
Other			
Personal history			
Please give a brief description			
Heart disease Respiratory disease Cancer Other			

Surgery	
Significant accidents	
Occupational related disease e.g. RSI, asbestosis, back injury	

Immunisation Status

Children: Has your child completed their immunisations. (If possible please provide a photocopy of immunisations record.) Overseas patients please provide record of immunisations. Adults: Date last tetanus booster.	Yes	No

Medication

List current medication.

Allergies

Female Patients Only

Date last cervical smear:	/ /
Have you had a mammogram:	Yes/No
Date last mammogram:	/ /
Are you on the screening programme	Yes/No

Manage My Health

- www.managemyhealth.co.nz is a web site which enables you to securely access your health information from our computer.
- The technology involved is the same as that used for internet banking.
- There is a Manage My Health (MMH) mobile app so you can access MMH on your smartphone and other mobile devices.
- You can use MMH to access your results for laboratory and other tests, order repeat prescriptions and make routine appointments.

Accessing Results of Laboratory and other tests

- When your GP has reviewed your results and uploaded them to MMH you will be sent an email saying your record has been updated. *(Please don't switch off the recommended setting in MMH for automatic notification of new mail.)*
- To see your results click on 'View Lab Results' in the 'Services' box on your MMH homepage. Be sure to follow any recommendations made by your doctor in relation to your results.
- Your doctor may phone or text you about urgent/abnormal results instead or before uploading them to MMH.

Ordering Repeat Prescriptions

- You can only order medication which your doctor has marked as long term.
- Click on Repeat Prescriptions in the 'Services' box on your MMH homepage to see your long term medications.
- Please allow 2 working days for your prescription to be available. If you need a prescription more urgently please visit or phone the surgery 04 902 8507.
- You will receive an email when your prescription is ready.
- You will be invoiced the normal prescription charge of \$24.

Booking an Appointment

- You can book a routine 15 minute appointment with a doctor by clicking on Book Appointment in the 'Services Box' on your MMH homepage.
- You use MMH to cancel appointments you have made using MMH.
- Please note that it is not possible to make appointments in MMH for the same day, for double appointments or appointments with a nurse. Please phone the surgery if you need any of these.
- Please do not use Manage My Health to communicate serious health problems – phone directly and speak to a doctor or nurse.

I am 18yrs or over and I have read and understand the above information.

I may use Manage My Health to check lab results & will action the doctor's recommendations if I do so.

I understand if there is misuse of Manage My Health the practice reserves the right to de-activate the user.

I am aware that for acute serious problems I will call the surgery (04 902 8507), or 111 in an emergency.

Name: _____

Signed: _____ Date: _____ DOB _____

Email Address:* _____

****(Each patient must have their own unique email address. A family email address cannot be used).***