

<b>Anyone over age of 16 years must complete their own enrolment form</b>		NHI (Office use only)
Title:		
Family Name:		
First Name:		
Middle Name:		
Preferred Name:		
Other/ Maiden Name:		
Patients' Occupation:		
Marital Status:		
Sex (at birth) <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender you would like to be identified as <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Diverse	
<b>Ethnicity:</b> <input type="checkbox"/> New Zealand European <input type="checkbox"/> Maori <input type="checkbox"/> Samoan <input type="checkbox"/> Cook Island Maori <input type="checkbox"/> Tongan <input type="checkbox"/> Other Please specify:		
Iwi:		
Date of Birth:	Date/Month/Year	
Country of Birth:		
Place of Birth:		

<b>Residential Address</b>	House Number & Street
Suburb/Rural Location	Town / City & Postcode
<b>Postal Address</b> (if different from above)	Town / City & Postcode
Suburb/Rural Location	Town / City & Postcode

Cell Phone:			
Work Phone:			
Home Phone:			
Primary Email:			
Secondary Email:			
Contact Methods:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cell phone	Day phone	Email
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Post	Text	Decline Text
<b>Consent to share my records on Indici SEHR</b> Allow authorised healthcare professionals to view a summary of your health information when required			<input type="checkbox"/> Consented <input type="checkbox"/> Declined
<b>Consent to share health information with other providers involved in my care</b>			<input type="checkbox"/> Consented <input type="checkbox"/> Declined
Community Services Card	<input type="checkbox"/> yes <input type="checkbox"/> no	Expiry date	Card Number
High User Health Card	<input type="checkbox"/> yes <input type="checkbox"/> no	Expiry date	Card Number
Account holder	<input type="checkbox"/> Self <input type="checkbox"/> Company <input type="checkbox"/> Other (Please specify)	Account holder name and surname	
Emergency Contact / Next of Kin	Name & Surname	Relationship	Mobile (or other) Phone
Preferred Pharmacy			
<b>Smoking is an important factor influencing health</b> If you are aged 15 and over, please tick the space that applies for you <input type="checkbox"/> Currently smoke <input type="checkbox"/> Ex-smoker <input type="checkbox"/> Never smoked			
<b>Please note all patients over 16 years will be registered for MyIndici (online system)</b> <i>The MyIndici app allows you to: - access your medical records including lab results - book appointments - request repeat prescriptions - share information and communicate with your healthcare provider - receive recall and appointment reminders.</i>			
Employment Details - Company Name			
Cell Phone:			
Office Phone:			
Fax Number:			
Email:			
Company Contact Person:			

## My declaration of entitlement and eligibility

Eligibility to enrol: (tick one of the following)

a	I am a <b>New Zealand citizen</b>	<input type="checkbox"/>
b	I hold a <b>resident visa or a permanent resident visa</b> (or a residence permit if issued before December 2010)	<input type="checkbox"/>
c	I am an <b>Australian citizen or Australian permanent resident</b> AND able to show I have been in New Zealand or intend to stay in New Zealand for at least 2 consecutive years	<input type="checkbox"/>
d	I have a <b>work visa/permit</b> and can show that I am able to be in New Zealand for at least <b>2 years</b> (previous permits included)	<input type="checkbox"/>
e	I am an <b>interim visa holder</b> who was eligible immediately before my interim visa started	<input type="checkbox"/>
f	I am a <b>refugee or protected person</b> OR in the process of applying for, or appealing refugee or protection status, OR a victim or suspected victim of people trafficking	<input type="checkbox"/>
g	I am <b>under 18 years</b> and in the care and control of a parent/legal guardian/adopting <b>parent who meets one criterion</b> in clauses a–f above <b>OR</b> in the control of the Chief Executive of the Ministry of Social Development	<input type="checkbox"/>
h	I am a <b>NZ Aid Programme student</b> studying in NZ and receiving Official Development Assistance funding (or their partner or child under 18 years old)	<input type="checkbox"/>
i	I am participating in the <b>Ministry of Education Foreign Language Teaching Assistantship</b> scheme	<input type="checkbox"/>
j	I am a <b>Commonwealth Scholarship holder</b> studying in NZ and receiving funding from a New Zealand university under the Commonwealth Scholarship and Fellowship Fund	<input type="checkbox"/>
k	None of the above. Please give more details on your current situation:	<input type="checkbox"/>

<b>I confirm that, if requested, I can provide proof of my eligibility</b>	<input type="checkbox"/>	Evidence sighted (Office use only)
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<p>I am residing permanently in New Zealand and therefore I am <b>entitled to enrol</b></p> <p><i>The definition of residing permanently in NZ is that you intend to be resident in New Zealand for at least 183 days (6 months and 1 day) in the next 12 months</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**All patients over 16 - Please supply a copy of your ID (driver licence or passport). If you were NOT born in New Zealand Please supply a copy of your passport and visa**

Practice Mailbox/EDI: cammccam      NZMC: cammc  
 First Name: Cambridge      Last Name: Medical Centre

## 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 agree** to Cambridge Medical Centre obtaining my medical records from my previous doctor.  
**I understand** that by enrolling with Cambridge Medical Centre I will be included in the enrolled population of The Midlands Regional Health Network Charitable Trust, 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.

### Authorisation and Consent

The main purpose for collecting this information is to assist in your care and treatment, but there are other related purposes such as assisting with the administrative aspects of your care; and monitoring the quality of patient care, treatment, add health outcomes of our patients.

### You should note that:

**All personal information** collected during your treatment will be filed as part of a medical file and is subject to the provisions of the Health Information Privacy Code; 1994.

**You have the right** to access this information and to request changes to personal details. Information may; be conveyed to other health practitioners in the interest of your treatment.

**Some information** collected about you will be forwarded to the Ministry of Health or its agent and to the New Zealand Health Information Service.

**Some Information may be used** for statistical purposes that will not identify you.

Under the Privacy Act 1993, Cambridge Medical Centre requires your permission to collect and hold information about your participation in the services offered by these organisations.

<b>Signatory Details</b>	<input type="checkbox"/>	<input type="checkbox"/>
Signature	Date signed	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.**

<b>Authority Details</b> (where signature is not the enrolling person)	Full Name	Relationship	Contact Phone
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### New Patient – Initial Consultation

All new patient age 18 years and older must have a compulsory nurse consultation on enrolment



Name:	DOB:
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### Personal Health

Allergies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Known health problems

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current medications (please supply a completed list and dosage)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Lifestyle

#### Exercise

Less 3 x weekly

More than 3x weekly

None

#### Recreational Drugs

No

Past use

Present use

#### Alcohol

No

How much weekly? \_\_\_\_\_

\_\_\_\_\_

### Smoking Status - Smoking status is an important factor influencing health

Never smoked

Stopped smoking

Current smoker

Date of stopped \_\_\_\_\_

Would you like help to quit? \_\_\_\_\_

### Females Only

Do you use contraceptives No  Yes

What kind of contraceptive? \_\_\_\_\_

Last cervical smear \_\_\_\_\_

Have you had a mammogram \_\_\_\_\_

### Nursing staff (Office use only)

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Tel : 07 827 7184 ● Fax : 07 827 7064 ● 48 Alpha Street ● PO Box 125, Cambridge,  
3450 ● info@cambmedcentre.co.nz

### REQUEST TO HAVE MEDICAL RECORDS TRANSFERRED

In order to receive the best care possible, I agree to Cambridge Medical Centre obtaining my medical records from my previous doctor. I also understand that I will be removed from my previous dr's register.

Each person should complete a form. 16 years and older to sign own form

#### Patient details:

Family Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

Date of birth/NHI: \_\_\_\_\_

Signed: \_\_\_\_\_

*(16 years and older to sign own form)*

Date: \_\_\_\_\_

#### To be registered with:

- Dr David Smylie     
  Dr Fayez Khalil     
  Dr Mark Taylor  
 Dr Judikje Scheffer     
  Dr Gretchen Bosacker     
  Dr Richard Bosacker



#### Previous Medical Centre:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Fax no.: \_\_\_\_\_

*Our practice can receive and would prefer electronic transfers*

*Thank you*

#### **For GP2GP transfers, please use the following info:**

**Practice Mailbox/EDI:** cammccam

**NZMC:** cammc

**First Name:** Cambridge

**Last Name:** Medical Centre

Export Destination GP Details			
NZMC:	<input type="text" value="cammc"/>	Practice Mailbox:	<input type="text" value="cammccam"/>
First Name:	<input type="text" value="Cambridge"/>	Last Name:	<input type="text" value="Medical Centre"/>

**Please return via fax to 07 827 7064:**

**GP's available for new patient registration**

• **Dr Fayez Khalil**



Dr Khalil completed his training at Cairo University and then qualified from the Royal College of Surgeons, Ireland, with special training in Urology. He is a very experienced GP who has worked in Ireland and the UK for 20 years before making the decision to immigrate to NZ in 2009. For the past 9 years he has worked at Matamata Medical Centre whilst recently relocating to Cambridge with his wife and family. Dr Khalil is also experienced in emergency medicine and minor surgery, including vasectomies. In his spare time Fayez enjoys cycling, running, and socialising with his family.

• **Dr David Smylie**



Dr David Smylie gained his medical degree from Aberdeen University, and completed specialist training in General Practice at Frimley Park Hospital in Surrey, England. In 1992 Dr David moved to Paeroa, New Zealand where he helped establish the new Paeroa Medical Centre. In 1999, after a spell as a Registrar in Endocrinology at Waikato Hospital, Dr David and his family moved to Connecticut USA, where he worked as a Family Practitioner. In 2004 Dr David became a partner at NorthCare Medical Centre in Hamilton. Dr David

also spent time in Melbourne as medical director of a primary care clinic before working in various parts of Australia - including some remote Aboriginal communities. Dr David enjoys all aspects of General medicine, especially paediatrics, dermatology and travel medicine. Dr David has been with our team since 2016.

• **Dr Richard Bosacker**



Born and raised in Minnesota, USA and completed his medical training at the University of Minnesota. His speciality is primary care and the relationships he develops with his patients are very important to him. He enjoys helping patients understand their medical conditions and live healthy lives. Outside of work, he's an avid cyclist. He enjoys road biking as well as mountain biking. He also enjoys sketching, reading, and travel and has 5 children to keep him busy.

• **Dr Judikje Scheffer**



Born in the Netherlands Dr Judikje received her Medical Degree from the University of Amsterdam in 2006. After working a few years in Emergency Medicine, she completed her training in General Practice in 2013. Two years later she moved to New Zealand with her partner and daughter and has been a GP in Tokoroa and Te Awamutu.

Dr Scheffer has a strong Sport Medicine background, also working as a sports doctor for High Performance Sport New Zealand. She completed her Graduate Certificate in Sports

Medicine from the University of Queensland, Australia in 2016. She has an active lifestyle being a competitive cyclist and rower.

• **Dr Mark Taylor**



Dr Mark joined our team in February 2018. He completed his degree of Bachelor of Medicine and Bachelor of Surgery (MBChB) at the University of Leicester, England in 2009. After working in London, he moved to New Zealand in 2011 where he worked at Waikato Hospital and other Hamilton medical centres. He has an Advanced Certificate in Dermoscopy with experience in minor surgery such as mole/lesion removal, phenol matrixectomy (partial toenail removal) and simple acute wound closures.

• **Dr Gretchen Bosacker**



Dr Gretchen Bosacker earned her medical degree in South Carolina, USA in 1998 and trained in Family Medicine on active duty in the United States Navy and at the University of Florida. She has extensive experience in emergency medicine and has a passion for end-of-life care. Dr Gretchen and her family came to New Zealand in 2018 and feel blessed to have found a new home here.



## CONSULTATION FEES

### General Consultations

	Registered Patients		Casual Patients	
	Without Community Services Cards	With Community Services Cards	Without Community Services Cards or High User Health Cards	With Community Services Cards or High User Health Cards
Child (0 - 5)	Free	Free	\$35.00	\$25.00
Child (6 – 13)	Free	Free	\$65.50	\$55.50
Child (14 – 17)	\$30.00	\$13.00	\$65.50	\$55.50
Adult (18 – 24)	\$45.00	\$19.50	\$85.00	\$75.00
Adult (25 – 64)	\$49.50	\$19.50	\$85.00	\$75.00
Adult 65+	\$45.00	\$19.50	\$85.00	\$75.00

- Saturday consultations incur a \$20.00 surcharge for ALL Adult patients and \$10 for children age 0 – 13 years.
- Casual Patients will be asked to pay prior to their consultation
- All new patients age 18 years and older, must have a compulsory Nurse consultation on enrolment

### ACC Consultations

	Registered Patients		Casual
	Without Community Services Cards	With Community Services Cards	With or Without Community Services Cards
Child (0 - 13)	Free	Free	\$45.00
Child (14 – 17)	\$29.00	\$13.00	\$75.00
Adult (18 – 24)	\$39.00	\$19.50	\$75.00
Adult (25 – 64)	\$45.00	\$19.50	\$75.00
Adult 65+	\$40.00	\$19.50	\$75.00

### Nurse Consultation

	Registered Patients	Casual Patients	Repeat Prescriptions		
				2 days' notice	Less than 2 days, urgent or same day
Child (0 - 5)	FREE	\$25.00			
Child (6 – 13)	FREE	\$25.00	Faxed	\$18.00	\$22.00
Child (14 – 65+)	\$25.00	\$40.00			

- Miscellaneous charges may apply

### Other Services

Blood Pressure Checks	\$10.00 - \$25.00 (free with Health Kiosk)		
Injections: e.g. B12	\$25.00 (Nurse)	\$10.00 (after GP)	\$45.00 (series of injections)
Driving Medical	\$55.00 (Class 1)	\$70.00 (All other classes)	
Diving Medical	\$70.00		
Seafarers Medical	\$110.00		
Full Skin Check	\$100.00		
MOCA test	\$25.00 (Nurse)		
Rest home Visits	\$95.00 (Acute visit)	\$95.00 (Admission)	\$55.00 (Review)
Home Visit	\$100 - \$150		
ECG	\$45.00 + consultation charge		
Cervical Smear	Nurse: \$32.00 (\$19.50 CSC holder)		GP: Normal consultation charge
Forms and Certificates (on Doctors Discretion)	\$20.00 minimum (medic-alert, home alarm, mobile parking, disability certificate, WINZ forms) Off work certificate \$16.00 (follow up off work certificates \$10.00)		
Travel Doctor Consultation	\$70.00 + \$30 per extra adult; \$10 per extra child. Plus cost of travel vaccines		

- Other prices available on request

- If you are more than 7 min late for your consultation you may be asked to reschedule
- All fees are based on a single appointment. Extended appointments may incur additional charges. All charges are inclusive of 15% GST
- CANCELLATION POLICY: Failure to provide at least 1 hour prior notice for cancelled appointments may result in 50% of the normal consult fee being applied
- ACCOUNTS POLICY: Payment of all fees are required on the day, if placed on account a \$5.00 administration fee will be incurred. Any accounts that remain unpaid may be referred to a debt collection agency. Any costs incurred in the recovery of payment will be the responsibility of the patient and/or bill payer.
- All Registered patients with Community Services Cards have a set fee for a standard GP or Nurse consultation or urgent/faxed prescriptions. Adults 18+ = \$19.50 and Children 14 – 17 years = \$13.00. Additional fees may apply for extra services.