



KELBURN NORTHLAND MEDICAL

Office use only

NHI # _____ GP _____
 ID Admin notes
 Date NHI Validation
 Signature Scanned
 Staff: _____ Staff: _____

CASUAL Enrolment Form

1 Upland Road, Kelburn, Wellington 6012
 Phone 04 9399551 – Email admin@knm.co.nz

Office use only - ID sighted:

Legal Name	Surname	First name	Middle name
Preferred Name	Title (if used)	Ethnicity	Residential Status
Birth Details	Day / Month / Year	Place of birth	Gender
Contact Details	Mobile	Home ph	Work ph
	Email		
Residential Address			
Postal Address (if different from above)			
Next of Kin / Emergency Contact	Surname	Name	Relationship to you
	Phone number	Address	
Name of usual GP and medical centre			
Personal medical history Please let us know any long-term condition	Have you ever suffered from: <input type="checkbox"/> Asthma <input type="checkbox"/> Epilepsy <input type="checkbox"/> Diabetes <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Kidney Disease Other Please State: _____	If this visit is related to an accident please provide us with the ACC number , date of accident and injury details:	
	Medications (including contraceptives)	Allergies or medication side effects	

TERMS AND CONDITIONS OF VISITING OUR MEDICAL CENTRE.

I understand that any information provided by me will be confidential in terms of the Health Information Privacy Act. I understand Kelburn Northland Medical Centre is seeing me as a "Casual patient".

I understand payment is required on day of consultation.

Kelburn Northland Medical LP uses the services of a Debt Collection agency and any unpaid accounts plus costs in recovering the unpaid account will be the responsibility of the patients.

SIGNED _____

DATE _____



Pre-Appointment Questionnaire for Menopause Clinic

- Name
- DOB
- NHI

❖ Approximately when was your last period?

❖ What are your main concerns regarding perimenopause/menopause?

❖ Are you currently needing/using contraception?

❖ Have you had a hysterectomy? If so was it a total one (ie. was your cervix removed?)

❖ Have you ever been diagnosed with endometriosis?

❖ What is your average weekly alcohol intake?

❖ Do you have any personal or family history of breast cancer?

❖ Are you currently taking any over the counter supplements eg. vitamins or other?

❖ Do you have any significant other health problems currently or have had in the past?
(eg. heart or lung disease, cancer)

❖ Are you on any regular medications?

❖ Do you have any allergies?

❖ Do you smoke or vape? If so, how much?

❖ Are you up to date with cervical smears and mammograms?

❖ Additional information that you feel may be helpful for your health provider to know

All appointments in our Menopause clinic are subject to a 24-hour cancellation policy.

50% of the appointment fee will be charged for appointments cancelled with less than 24 hours' notice.