



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

Our Menopause Clinic fees are:

- KNM enrolled patients 40 min initial appt. \$195 and 20 min follow up appt \$95.
- Casual patients 40 min initial appt. \$240 and 20 min follow up appt \$115.

I **understand** payment is required on the day of consultation.

I **understand** Kelburn Northland Medical requires at least 24hours notice for any cancellation or reschedule of appointments and 50% of the appointment fee charge will apply when missing an appointment or the minimum 24 hours' notice to cancel or reschedule an appointment is not given.

SIGNED _____ DATE _____

If you are **NOT** an enrolled patient with Kelburn Northland Medical, you'll also need to fill up the following casual enrolment and provide photo ID.

| | | |
|---|---|---|
|  KELBURN NORTHLAND MEDICAL | <i>Office use only</i> | |
| | NHI # _____ <input type="checkbox"/> ID <input type="checkbox"/> Date <input type="checkbox"/> Signature Staff: _____ | GP _____ <input type="checkbox"/> Admin notes <input type="checkbox"/> NHI Validation <input type="checkbox"/> Scanned Staff: _____ |
| CASUAL Enrolment Form 1 Upland Road, Kelburn, Wellington 6012 Phone 04 9399551 – Email admin@knm.co.nz | | <i>Office use only - ID sighted:</i> |

| | | | |
|---|---|---|---------------------|
| 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 _____