

CASUAL FORM



18 Manukau Station Road
Manukau, Auckland 2104
Phone: 09 2622011 Opt 2
Fax: 09 2622015
EDI: m3k2push

Title Mr Mrs Ms Miss Dr	First Name _____
	Middle Name _____
	Surname _____

Preferred First Name	Other Known Names	NHI Number
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Date of Birth ____ / ____ / ____ Day Month Year	Gender Male / Female	Residency Status NZ Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Student Visa <input type="checkbox"/> Work Visa <input type="checkbox"/> ⇄ 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/>
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Place of birth: Suburb _____ City/Town _____ Country _____

Physical Address Street No _____ Street Name _____ Suburb _____ City _____ Post Code _____	Home Phone _____ Mobile Phone _____ Email Address _____
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Next of Kin Name: _____ Phone number: _____ Relationship: _____	Community Services Card Number: _____ Expiry date: _____
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Do you Smoke YES / NO Do you agree to text messaging YES / NO Do you agree to receiving emails YES / NO

Which ethnic Group do you belong to? Tick the box or boxes that apply to you

<input type="checkbox"/>	New Zealand European	<input type="checkbox"/>	Tongan	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Cambodian
<input type="checkbox"/>	NZ Maori	<input type="checkbox"/>	Niuean	<input type="checkbox"/>	Fijian	<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	Samoaan	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Sri Lankan	<input type="checkbox"/>	Other (please specify)
<input type="checkbox"/>	Cook Island Maori	<input type="checkbox"/>	Korean	<input type="checkbox"/>	Filipino	<input type="checkbox"/>	

Employment Details
Company Name: _____ Occupation: _____
Phone: _____ Address: _____

Do you wish to have your notes sent to your own doctor? Yes No If YES please give details of your own doctor:

Signature: _____ Date: _____

I UNDERSTAND THAT IF I WISH TO BECOME AN ENROLLED PATIENT WITH THIS PRACTICE, I WILL NEED TO COMPLETE AN ENROLMENT FORM AND SHOW EVIDENCE OF ELEGIBILITY. ASK RECEPTION FOR DETAILS.