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|  | **CASUAL FORM** | HMC Logo transparent  2 Montel Ave, Henderson, Auckland, 0612  Ph. 09 837 1110 |

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| **Shaded fields are mandatory** | NHI *(Office use only)* | **OUR POLICY REQUIRES PAYMENT PRIOR TO YOUR CONSULTATION** |
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| --- | --- | --- | --- | --- | --- |
| Title | Given Name | | | Middle Name(s) | Family Name |
|  | | |
| **Birth Details** | Day / Month / Year of Birth | | | Place of Birth | Country of birth |
|  | | |  |  |
| **If born outside of New Zealand...** | | | Visa Type: | | |
| Visa Duration: | | |
| **Gender** | Male   | Female   | Gender diverse (please state)   | | Occupation |

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| --- | --- | --- | --- |
| **Residential Address** | House Number and Street Name | Suburb/Rural Location | Town / City and Postcode |
|  |  |  |
| **Postal Address**  (if different from above) | House Number and Street Name  or PO Box Number | Suburb/Rural Delivery | Town / City and Postcode |
|  |  |  |
| **Name of Regular GP / Medical Practice** | | | |

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| --- | --- | --- | --- | --- |
| **Contact Details** | Mobile Phone | Home Phone | Email Address | |
|  |  |  | |
| **Emergency Contact** | Name | | Relationship | Mobile (or other) Phone |
|  | |  |  |

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| **Ethnicity Details**  Which ethnic group(s) do you belong to?  ***Tick the space or spaces which apply to you*** | New Zealand European  Māori  Samoan  Cook Island Māori  Tongan  Niuean  Chinese  Indian  Other (such as Dutch, Japanese, Tokelauan). Please state | **Community Services Card** | | Yes   | | No  |
| Day / Month / Year of Expiry | Card Number | | | |
| **Smoking Status:** | Smoker  Yes  | | Non-Smoker  Yes  | |
| Ex-smoker (more than 12 months)  Yes | Ex-Smoker (less than 12 months)  Yes | | | |
| Do you have Health Insurance? Yes / No Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Do you agree to receive text messages? Yes / No | | | | |

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| --- | --- | --- | --- |
| **Authority Details**  ***(where the signatory is not the patient)*** | Full Name | | |
| Street Address | Suburb | City |
|  |  | |
| Basis of authority (e.g parent of a child under 16 yrs of age) | Phone Number | |