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|  | **CASUAL FORM**  | HMC Logo transparent2 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 |

|  |  |  |  |
| --- | --- | --- | --- |
| **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-SmokerYes  |
| 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 |