

The Doctors Fred Thomas & Hauraki Corner

2 Fred Thomas Drive, Takapuna & 308 Lake Road, Hauraki

Casual Patient Registration Form

IMPORTANT: Please circle if you are experiencing:

Chest pain – breathing problems – severe pain – allergic reaction –
poisoning/overdose – bleeding – chemical splash

TITLE: (please circle) MR MRS MS MISS MASTER

SURNAME: _____ FIRST NAME: _____

MAIDEN NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

HOME PH: _____ MOBILE PH: _____

EMAIL: _____

NOK/EMERGENCY CONTACT NAME: _____

RELATIONSHIP: _____ PHONE: _____

ARE YOU A PERMANENT NZ RESIDENT OR CITIZEN? YES / NO

OR

DO YOU HOLD A 2 YEAR WORK VISA? If yes, Entry date to NZ: _____

You will be asked to show evidence of your work visa and/or residency/citizenship

FAMILY DOCTOR NAME AND ADDRESS: _____

Please circle NO if you **do not** wish your consult notes to be sent to your GP: **NO**

ETHNICITY: Please circle the ethnic group/s you identify with:

NZ European	Southeast Asian	Latin American	Other European, Asian
NZ Maori	Indian	Samoan	or Pacific – please
Chinese			state _____

COMMUNITY CARD? YES / NO *Please give to reception to record on your file*

HOW WILL YOU BE PAYING TODAY: **CASH / CREDIT CARD / EFTPOS / CHEQUE**

Terms and Conditions – Accounts are to be settled at the end of the consultation. Patients and their guardians are liable for any collections fees incurred in any recovery of debt

Signed: _____ Date: _____