

CASUAL/VISITOR PATIENT DETAILS					NHI No:	
Title	Mr Mrs Ms Miss Dr	First[*] Name(s)			Family Name[*]	
*Home Address:				*Are you a Southern Cross Member? Yes / No Southern Cross Member Number: _____		
Gender[*] <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Diverse Gender				*Date of birth _____ / _____ / _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Day Month Year </div>		
Place / country of birth[*]				Have you ever been in hospital in New Zealand? YES / NO		
GP Details		GP Name: _____ Practice Name: _____				
Contact[*] Details		Day Phone	Night Phone		Cell Phone	
Emergency[*] contact		Name of person to contact	Relationship	Phone number	Address	
Which ethnic group do you belong to? Mark the space(s) which apply to you[*]			*Please complete this section:			
New Zealand European			<input type="checkbox"/> I consent to treatment & understand some of my health information may be shared with other professionals who are directly involved in my healthcare and treatment. UHHC is part of the 'Shared Care Record' with Hutt & Wellington Hospitals			
Māori			<input type="checkbox"/> I understand that payment must be made at time of my consultation. Casual patient fees will apply.			
Iwi:						
Samoan						
Cook Islands Maori						
Tongan						
Niuean						
Chinese						
Indian						
Other such as DUTCH, JAPANESE, TOKELAUAN.			Signature _____ Date _____			
Please state:			Office use only: CONSULTATION NOTES PRINTED & GIVEN TO PATIENT <input type="checkbox"/> CONSULTATION NOTES SENT TO GP VIA HEALTHLINK <input type="checkbox"/>			