Cosine Primary Care Network

Upper Hutt Health Centre

Ph:04 9201 800

CASUAL/VISITOR PATIENT DETAILS

NHI No:

Title	Mr Mrs Ms Miss Dr	**First* Name(s)**		**Family Name***	

***Home Address:**

E-Mail:

***Are you a Southern Cross Member? Yes / No**

Southern Cross Member Number: _____

Gender*

☐ Male ☐ Female ☐ Diverse Gender

***Date of birth** _____/_____/_____ (Day / Month / Year)

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 *

New Zealand European	
Māori Iwi:	
Samoan	
Cook Islands Maori	
Tongan	
Niuean	
Chinese	
Indian	
Other such as DUTCH, JAPANESE, TOKELAUAN. **Please state:**	

***Please complete this section:**

☐ 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

☐ I understand that payment must be made at time of my consultation. **Casual patient fees will apply.**

Signature_____ **Date** _____

Office use only:

CONSULTATION NOTES PRINTED & GIVEN TO PATIENT ☐

CONSULTATION NOTES SENT TO GP VIA HEALTHLINK ☐