

Crawford Specialist Centre Ear and Skin Clinic Patient Registration Form

12 Picton Street, Howick, Auckland 2014
Phone 09 538 0083 Fax 09 538 0122

Legal Name	Title:	Surname:	First Name:
			Middle Name:

NHI: (office use only)	Date of birth:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Diverse (please state)	Place of birth:	

HOW DID YOU HEAR ABOUT US:

Address Details	Street Number:	Street Name:	
	Suburb:	City:	Postcode:
Postal address (if different to above)			
Home Phone:		Work:	Mobile:
Email:		Emergency Contact Name:	
Do you agree to receive emails:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship:	Tel. contact:
Do you agree to receive text messages?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Which ethnic group(s) do you belong to?
Tick the space or spaces which apply to you**

New Zealand European
 Maori
 Samoan
 Cook Island Maori
 Tongan
 Niuean
 Chinese
 Indian
 Other such as (Dutch, Japanese, Tokelauan)

Please state _____

Consent Form

Our specialist services are made on an appointment-only basis. Consultation charges are according to appointment type and length. The consultation fee is applicable to patient for being professionally assessed and/or treated and still apply when treatment is not necessary or not completed or requires follow-up.

Please note: there may be a "Did Not Attend" or "Late Cancellation Fee" applied if you do not attend your appointment or you do not cancel 24 hours prior to your scheduled appointment.

I hereby consent to adhere to consultation fees terms stated above.

Signatory: _____

Patient Survey From time to time we may contact you and ask for your feedback on your experience of care. This provides important information which we use to improve health services. Participation is voluntary and anonymous.

Patient Survey Contact Details:	Alternative Mobile Phone:	<input type="checkbox"/> I do not wish to participate in the patient survey
<input type="checkbox"/> Same as provided above; or	Alternative Email Address:	

Signatory Details	Signature _____	Date ____/____/____	<input type="checkbox"/> Self-Signing	<input type="checkbox"/> Authority
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