

Welcome to Crawford Medical Centre



Your wellbeing is our focus



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Thank you for considering Crawford Medical Centre as your preferred medical provider. Crawford Medical Centre is a Cornerstone accredited practice.

Within this Welcome Pack you will find helpful information including a brief introduction to our Practitioners and their individual interests. This pack will include an enrolment form, you also have the option to enrol online via our website.

Other services and facilities at **Crawford Medical Centre, 4 Picton Street, Howick** include our Ear and Skin Clinic. We also have Crawford Pharmacy on site.

We provide rest home care for a number of aged care facilities, including rest home and hospital level care, as well as offering consulting sessions for independent residents.

Our website for Crawford Medical Centre is www.crawfordmedical.co.nz and for the Specialist Clinic is www.crawfordspecialists.co.nz & www.earplace.co.nz. Here you will find news and information on our services and staff, articles which may interest you, and links to relevant health services and organisations.

**A very warm welcome awaits you from the
Crawford Medical Centre team.**

Yours Sincerely

Samantha Viljoen
Practice Manager
Crawford Medical Centre

Crawford Medical Centre

4 Picton St, Howick

Established in 1972, Crawford Medical is based at Crawford House at 4 Picton Street in Howick. We are a family practice, the broad range of special interests and skills within our team include family medicine, women's health, minor surgery, children's health, mental health, preventative or lifestyle health, men's health, dermatology, diabetes care, long term condition care, and many more.

We have a very experienced nursing team and offer a comprehensive nursing service including immunisations, flu and travel vaccines, phlebotomy, Aclasta, IV Antibiotics, wound management, Spirometry and 24 hour blood pressure monitoring to name just a few. We also offer minor surgeries at our clinic.

Opening Hours:

Mondays to Fridays
7:30am – 7:00pm

Saturdays
9.00am to 12:00pm

We have an isolation room where we can safely swab and provide consultations for patients who have flu symptoms or patients who are a contact of someone with Covid-19.



Crawford Specialist Clinic, 12 Picton St

At 12 Picton Street in Howick we offer Ear Suctioning, Mole Mapping and other specialist services such as **gynaecology, dermatology, audiology, gastroenterology, psychology** and many more.

We offer an ear health service by a qualified Ear Nurse Specialist. This is done under a microscope and low-pressure suction technology. Our Ear Nurse is also ACC registered. The service includes removal of foreign objects, wax removal, ear infection and discharge, hearing loss and unsettled perforation.

We also have a comprehensive Mole Mapping clinic that will provide you with the most accurate melanoma and skin cancer detection and monitoring available.



Crawford Medical Centre, 31 Mellons Bay Rd



Meet our team...

Please visit our website to see which practitioners are currently accepting new patients. www.crawfordmedical.co.nz



Dr Bruce Greenfield
MBChB (Otago), DipOB,
FRNZCGP

Dr Bruce Greenfield started CMC in Howick in 1972. His medical specialties now include care of the elderly and teaching Graduate doctors. He is a WINZ Designated Doctor and does minor surgery for the Plastics Dept of South Auckland Health. Golf is his main sporting interest.
Languages English.



Dr Linley Murray
MBChb, FRNZCGP

Dr Linley Murray is a general practitioner in the truest sense, and this is exactly what you want from your family doctor. Linley has a Diploma in Community Emergency Medicine. Linley joined Crawford Medical Centre in 1987.
Languages English.



Dr Lorraine Forbes
MBChB (Distinction),
FRNZCGP

Dr Lorraine Forbes works in all aspects of General Practice and Emergency Care. She was born and raised in Zimbabwe, and studied at the University of Cape Town Medical School. In 1993, she emigrated to New Zealand and joined Crawford.
Languages: English.



Dr Graham Witney
BHB, MBChb,FRNZCGP

Dr Graham Witney has worked in the Howick area as a GP since 1990. Graham trained as a General Surgeon for 5 years. His special interest: minor surgery and health promotion. In his spare time he enjoys cycling and boating.
Dr Witney works a late night on Tuesdays.



Dr Brendon Aish
MBChB, FRNZCGP

Dr Brendon is a New Zealand born and trained Family Practitioner with a love of his family of four children. Brendon has a passion for good health outcomes for everyone in the community. He believes communication is key to healthy relationships.



Dr Janli Stapelberg
MBChB FRNZCGP

Dr Janli Stapelberg completed her MBChB at UFS, Bloemfontein, South Africa. She came to NZ in 1994 and specialised in General Practice in 2013. Her interests in medicine are: Orthopaedics, Dermatology, Neurology, Psychiatry and Older Peoples Health.
Sy Kan Afrikaans praat.



**Dr Kate Gittins B.M. MRCGP
(London)**

Dr Kate Gittins grew up in Wales and her medical training was completed at Southampton University in the South of England. She then trained as a GP in London, and has now worked as a GP for 19 years. She covers all areas of general practice, but has a special interest in dermatology, women's health and family planning.



**Robyn McCullough
Mstr Nur (Honours), PG Dip
HSc. Nurse Practitioner**

Robyn began her career in Australia, working as a registered nurse in aged care, and later moved to NZ and qualified as a Nurse Practitioner. She has 15 years experience as an NP in palliative care. In her spare time, Robyn indulges her love of art, and enjoys being outdoors.



**Dr James Lin MB
(NYMU) FRNZCGP**

Dr James Lin has practiced medicine in Taiwan and New Zealand. His special interest: minor surgery including skin lesions, children and the elderly care. Dr Lin enjoys tramping, swimming biking and tennis. Joined Crawford Medical Centre in 2006. Languages fluent English, Mandarin and Taiwanese.



**Dr Michael Chen BSc,
BMedSc (Hons), MBChB**

Dr Michael Chen is an Otago University Medical School graduate. He has been working in hospitals in Dunedin and Auckland DHBs prior to joining Crawford. Michael emigrated from China in 1995 and has spent considerable time in urban and rural New Zealand. He is fluent in both English and Mandarin. His main sporting interest is tennis



**Binda Wang
Nurse Prescriber**

Binda trained and graduated with a Bachelor of Nursing in Invercargill. He worked in different areas of nursing including aged care, general surgical and urgent care before he started GP nursing with Crawford in 2021. He has gained a postgraduate diploma in Health science from the University of Auckland. Binda is our first Nurse Prescriber trained in Crawford Medical. Binda is fluent in English, Chinese Mandarin, and understands Shanghainese.



**Dr Karla Minnitt
MB ChB 2007 Kwazulu-Natal**

Dr Karla Minnitt trained and has practiced in South-Africa since 2010, before moving to New Zealand in 2018. She is passionate about pediatrics and dermatology.

In her spare time, she enjoys spending time with her family and enjoy playing tennis and football. Language: English and limited Afrikaans.



Dr Olivia Lodeizen BSC, MSC

Dr Olivia completed her medical degree and training in the Netherlands. She is a GP with experience in surgery, cardiology and geriatrics, to name a few. She is fluent in Dutch and English, with limited proficiency in French.



**Pratik Parikh
Mstr NSc, PG DIP NSc
Nurse Practitioner**

Pratik is a trained and experienced Nurse Practitioner. He has completed his Bachelor of Nursing in India and his Nurse Prescribing and Masters in Nursing in New Zealand. Over the last 3 years he has been working as a Nurse Practitioner in Wellington including providing after hours medical services.



**Ashleigh Fox
Nurse Practitioner Intern**

Ashleigh graduated with a Bachelor of Nursing from MIT in 2017. She completed a Post Graduate Diploma in Registered Nurse Prescribing in 2020 and joined Crawford Medical Centre in 2023 as a Nurse Prescriber, whilst completing a Master's degree in Advanced Nursing Practice with a Nurse Practitioner focus.



**Zoey Zhao
Nurse Practitioner**

Zoey graduated with a Master of nursing from the University of Auckland. She is a dedicated and compassionate Nurse Practitioner, she has a broad experience in General Practice, preventive care and chronic disease management. She ensures that each patient receives personalised and comprehensive treatment.
Languages: English, Mandarin



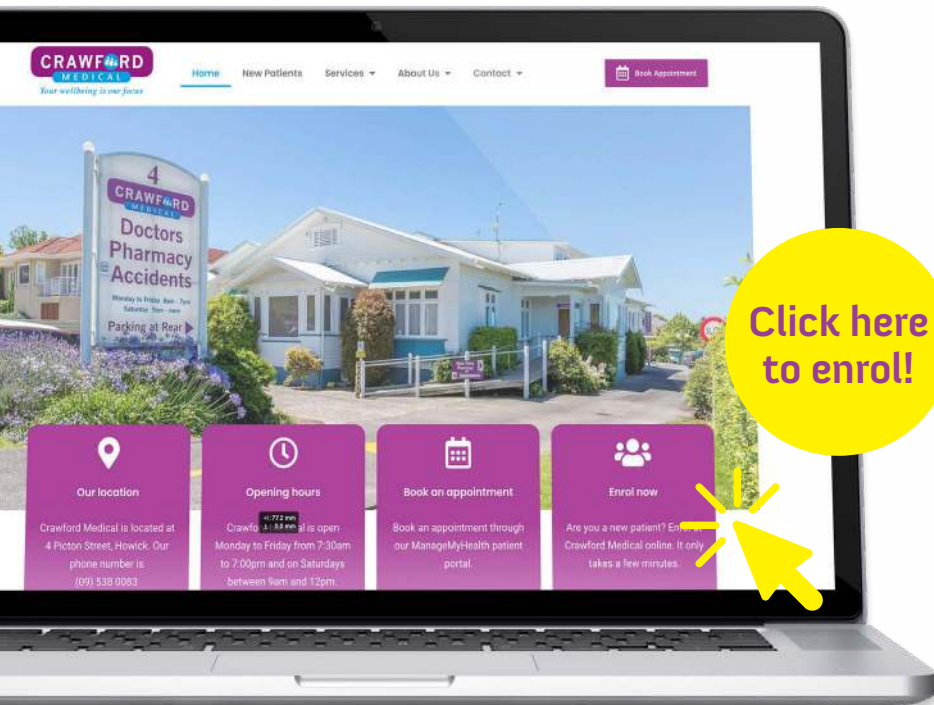
**Sarah Kennedy
Health Coach (HC)**

Sarah Kennedy is an Associate Registered Nutritionist, who has graduated from The University of Auckland with a BSc Food Science and Nutrition (Nutrition Pathway). She is a local herself, having grown up in South and East Auckland, and has always had a passion for health and wellbeing.



**Sean Edwards
Health Improvement**

Sean Edwards is a New Zealand Registered Psychologist. Sean's formative years were in South Africa, and he moved to New Zealand in 1995. Sean completed a Master of Health Science in counselling through AUT University in 2018 and an MBA from Melbourne University.



Enrolment...

You can enrol on our [website](#) or by filling out the forms included in this pack.

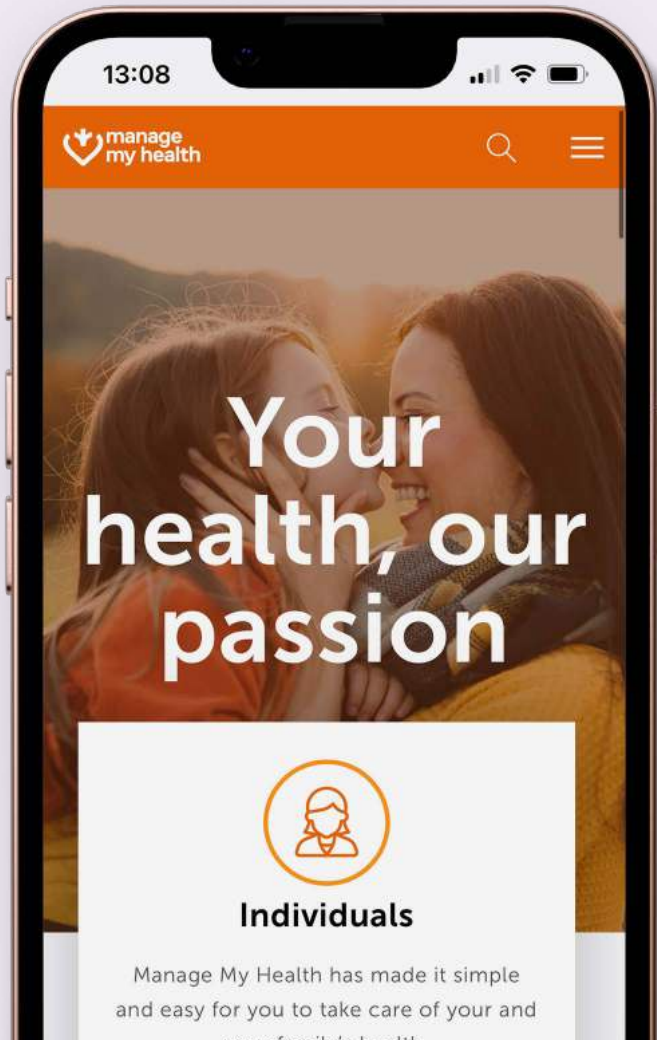
Not eligible to enrol? Casuals can still complete the enrolment form, so we can capture your details on our system prior to your first visit with us.



Sign up and download the app today.

- + Book appointments
- + Access lab results
- + View immunisation records
- + Order repeat prescriptions
- + Access & maintain your Medic Alert profile
- + Receive appointment reminders – managed in a health calendar

Access is 24/7.



Practice Enrolment Form



Practice Name **Crawford Medical Centre**
Address 4 Picton Street, Howick 2014
GP Provider **NZMC No:**

Phone Number (09) 538 0083
EDI Number Crawford
Email: info@crawfordmedical.co.nz

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:
Occupation:	Country of birth:

Community Services Card
<input type="checkbox"/> Yes / <input type="checkbox"/> No
Card number:
Card Expiry Date:

High User Health Card
<input type="checkbox"/> Yes / <input type="checkbox"/> No
Card number:
Card Expiry Date:

Residential Address	Street Number:	Street Name:	
	Suburb:	City:	Postcode:

Postal address
(if different to above)

Home Phone:	Work:	Mobile:
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Email:	Emergency Contact Name:
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Do you agree to receive emails: <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship:	Tel. contact:
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Do you agree to receive text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you Smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No (ex smoker) <input type="checkbox"/> Never
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<p>Which ethnic group(s) do you belong to? Tick the space or spaces which apply to you</p> <p><input type="radio"/> New Zealand European <input type="radio"/> Māori <input type="radio"/> Samoan <input type="radio"/> Cook Island Māori <input type="radio"/> Tongan <input type="radio"/> Niuean <input type="radio"/> Chinese <input type="radio"/> Indian <input type="radio"/> Other such as (Dutch, Japanese, Tokelauan)</p> <p>Please state _____</p>
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Transfer of records
<p>In order to get the best care possible, I agree to this Practice obtaining my records from my previous Doctor. I also understand that I will be removed from their practice register.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable</p> <p>Previous Doctor's name: Address: Phone:</p> <p>Signature _____ (agreement for transfer of records)</p>

Iwi	If of Māori descent, please enter up to 3 iwi or home area affiliations	Iwi 1 _____	Iwi 2 _____	Iwi 3 _____
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<input type="checkbox"/>	I wish to join Manage My Health online patient portal so that I have access to my results, medication requests and online appointment bookings.
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Patient Signature _____ Please sign here	<input type="checkbox"/> Provide Photo I.D. Personalised Email Address: _____
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My declaration of entitlement and eligibility

I am entitled to enrol because I am residing permanently in New Zealand
The definition of residing permanently in NZ is that you intend to be resident in New Zealand for at least 183 days in the next 12 months

I am eligible to enrol because:

A	I am a New Zealand citizen <i>(If yes, tick box and proceed to I confirm that, if requested, I can provide proof of my eligibility below)</i>	<input type="checkbox"/>
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If you are **not a New Zealand Citizen**, please tick which eligibility criteria applies to you (B-J) below:

B	I hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010)	<input type="checkbox"/>
C	I am an Australian citizen or Australian permanent resident AND able to show I have been in New Zealand or intend to stay in New Zealand for at least 2 consecutive years	<input type="checkbox"/>
D	I have a work visa/permit and can show that I am able to be in New Zealand for at least 2 years (previous permits included)	<input type="checkbox"/>
E	I am an interim visa holder who was eligible immediately before my interim visa started	<input type="checkbox"/>
F	I am a refugee or protected person OR in the process of applying for, or appealing refugee or protection status, OR a victim or suspected victim of people trafficking	<input type="checkbox"/>
G	I am under 18 years and in the care and control of a parent/legal guardian/adopting parent who meets one criterion in clauses a – f above OR in the control of the Chief Executive of the Ministry of Social Development	<input type="checkbox"/>
H	I am a NZ Aid Programme student studying in NZ and receiving Official Development Assistance funding (or their partner or child under 18 years old)	<input type="checkbox"/>
I	I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme	<input type="checkbox"/>
J	I am a Commonwealth Scholarship holder studying in NZ and receiving funding from a New Zealand university under the Commonwealth Scholarship and Fellowship fund	<input type="checkbox"/>

I confirm that, if requested, I can provide proof of my eligibility

we will retain a copy for eligibility purposes only

Evidence Sighted (office use only)

My agreement to the enrolment process

NB Parent or caregiver to sign if you are under 16 years

- **I intend to use this practice** as my regular and ongoing provider of general practice/GP/health care services.
- **I understand** that by enrolling with this practice I will be included in the enrolled population of East Health Trust Primary Health Organisation, and my name, address and other identification details will be included on the Practice, PHO and National Enrolment Service Registers.
- **I understand** that if I visit another health care provider where I am not enrolled I may be charged a higher fee.
- **I have been given information** about the benefits and implications of enrolment and the services this practice and PHO provides along with the PHO's name and contact details.
- **I have read and I understand** the Use of Health Information Statement. The information I have provided on the Enrolment Form will be used to determine eligibility to receive publicly-funded services. Information may be compared with other government agencies, but only when permitted under the Privacy Act.
- **I understand** that the Practice participates in a national survey about people's health care experience and how their overall care is managed. Taking part is voluntary and all responses will be anonymous. I can decline the survey or opt out of the survey by informing the Practice. The survey provides important information that is used to improve health services.
- **I agree** to inform the practice of any changes in my contact details and entitlement and/or eligibility to be enrolled.
- **I agree** to the Practice's Terms of Trade which are available on their website or from the Practice Manager

Signatory Details	Signature _____	Date ____/____/____	<input type="checkbox"/> Self-Signing	<input type="checkbox"/> Authority
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An authority has the legal right to sign for another person if for some reason they are unable to consent on their own behalf

Authority Details <i>(where signatory is not the enrolling person)</i>	Full Name:	Relationship:
	Contact Phone:	Basis of authority: <i>(e.g. parent of a child under 16 years of age)</i>