RONGOĀ SERVICES
PATIENT ENROLMENT FORM

TE MANU AUTE WHARE ORANGA

Te Manu Aute Whare Oranga
81 Finlayson Avenue, PO Box 88-161, Clendon, Auckland
Phone (09) 640-0824 Fax (09) 266-0135

				NHI*	
Title	Mr Mrs Ms Miss Dr	**First Name(s)***		**Family Name***	
Preferred Name				**Place / Country of birth***	
Gender*	☐ **Male** ☐ **Female**			**Age***	
Physical Address*	Street or Rapid (rural) number	Name of Street		**Date of Birth***	_____/_____/_____ Day Month Year
	Suburb			**Current GP enrolled with***	Practice/Name:
	City/Town	Postcode			Address:
Source of Referral*	How did you hear about us?				Phone:
Contact Details	**Day Phone**	**Night Phone**	**Cell Phone**	**Email**	
Emergency contact*	**Name of person to contact**	**Relationship**	**Phone number**	**Other contact details**	

Which ethnic group do you belong to? * Mark the space or spaces which apply to you		**Please tick if you are interested in the following services or programmes we have at Manurewa Marae**			
Māori:		Youth services and programmes		Support in past trauma / pain, breaking the cycle	
Iwi (tribe): Please state below:		Te Reo and/or Tikanga classes (Part-time courses)		Support with relationships	
Hapu (subtribe): Please state below:		Help with setting goals		Traditional Healing, Massage, Rongoa (Maori medicine)	
New Zealand European:		Parenting classes		Would like to help at the Marae	
Pacific Island: Please state below:		**Office Use Only:**			
		Client Number:			
Other: Please state below:		**Date Entered into Database:**			
Unknown:		**Name and Signature of Staff who entered info and scanned into Database**:			

See page 2- for patient consent and signature

Patient Consent:

Privacy & Confidentiality

- I hereby agree to co-operate with and accept the available services of Te Manu Aute Whare Oranga
- I have received Te Manu Aute Whare Oranga Pack including the Code of Rights
- I understand the personal information on this form will be held in the strictest confidence with Te Manu Aute Whare Oranga as outlined in the attached Health Information Privacy Statement
- I consent to Te Manu Aute Whare Oranga accessing my National Health Index (NHI) number, if I have not provided it myself
- I consent to photos and other media medium for the purpose of promotion and advertising
- I understand Te Manu Aute Whare Oranga, a Provider of Health Services, agrees to abide and comply with the rules and regulations as defined in the Privacy Act 1993.
- **I hereby consent for my treatment to take place in a public place i.e.** ***(Waahi Whanau Lounge)*** **YES / NO**
  (Please cross out)

Compliance Agreement

The information provided on this form, is true to the best of my knowledge. By enrolling to Te Manu Aute Whare Oranga in the Rongoā Services, I agree that I may participate in healing/services at my own free will. I have an understanding of the processes before undertaking any healing/services that I choose to participate in. I accept the outcome of the healing/service and therefore release Te Manu Aute Whare Oranga, Manurewa Marae, and the practitioner/s who has given the healing/service and associated organisations from any liabilities.

My agreement to the enrolment process

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

I choose to enrol with Te Manu Aute Whare Oranga Rongoā Services.

I have read and I agree with the Privacy & Confidentiality Statement and the Compliance Agreement (above).

I have read and I agree with the Health Information Privacy Statement (overleaf).

	/ / Day Month Year
SIGNATURE*	**DATE***

- **OR Signed by AUTHORITY[1]**

AUTHORITY FOR UNDER 16 YEAR OLDS – PERSON GIVING AUTHORITY TO COMPLETE BELOW

Full Name of Person giving Authority	Contact Phone Number	Relationship
Address	Signature of Person giving Authority	/ / Day Month Year
Detail the basis of authority (e.g. parent of a child under 16):		

[1] An authority is the legal right to sign for another person if for some reason they are unable to consent on their own behalf.

Health Information Privacy Statement

I understand the following:

Rongoā Services Patient Enrolment Information

The information I have provided on the Rongoā Services Patient Enrolment Form will be:

- held by Te Manu Aute Whare Oranga
- used by the Ministry of Health to give me a National Health Index (NHI) number, or update any changes
- sent to the Ministry of Health to obtain funding
- Information may be compared with other government agencies but only when permitted under the Privacy Act.

Health Information

Members of my health team may:

- add to my health record during any services provided to me and use that information to provide appropriate care
- share relevant health information to other health professionals who are directly involved in my care

Audit

In the case of financial audits, my health information may be reviewed by an auditor for checking a financial claim or funding made by Te Manu Aute Whare Oranga, but only according to the terms and conditions of section 22G of the Health Act (or any subsequent applicable Act). I may be contacted by the auditor to check that services have been received. If the audit involves checking on health matters, an appropriately qualified health care practitioner will view the health records.

Health Programmes

Health data relevant to the programme in which I am enrolled (e.g. Rongoā Services) may be sent to external health agencies managing this programme.

Other Uses of Health Information

Health information *which will not include my name but may include my National Health Index Identifier (NHI)* may be used by health agencies such as the District Health Board, Ministry of Health or PHO for the following purposes, as long as it is not used or published in a way that can identify me:

- health service planning and reporting
- monitoring service quality, and
- payment

Research

My health information may be used for health research, but only if this has been approved by an Ethics Committee and will not be used or published in a way that can identify me.

Except as listed above, I understand that details about my health status or the services I have received will remain confidential within the medical practice unless I give specific consent for this information to be communicated.

TURORO (CLIENT) WHANAU ORANGA INFORMATION

Surname: _____ **First Name:** _____

1. Do you have any, or have had any of the following medical problems, or is there Family History in any of the following:

MEDICAL	YOU	FAMILY	MEDICAL	YOU	FAMILY
Diabetes	□Yes □No	□Yes □No	**Stroke**	□Yes □No	□Yes □No
High BP	□Yes □No	□Yes □No	**Cancer**	□Yes □No	□Yes □No
Heart Disease	□Yes □No	□Yes □No	**Depression/Anxiety**	□Yes □No	□Yes □No
Asthma/Respiratory	□Yes □No	□Yes □No	**Other Mental Health**	□Yes □No	□Yes □No
Liver Disease (incl Hep)	□Yes □No	□Yes □No	**Eczema**	□Yes □No	□Yes □No

2. Do you have any **other health, disability problems or inherited conditions?** Please list below

3. Please list any **regular medications** (including Rongoā Rākau, herbal/homeopathic etc) that you are currently taking:

4. Have you had **any operations?** □Yes □No

If yes please list:

5. Are you **allergic to any medications?** □Yes □No

If yes please list……..