

Green Bay Medical Centre

70 Godley Road Green Bay Auckland Phone 09 8274075 Fax 09 8277024

Dear potential patient

Green Bay Medical Centre's books are currently closed to new patients, however we can generally take family of current patients living at the same address, providing that address is in Green Bay or an adjacent suburb.

Depending on the number of patients transferring out of the Practice, we can usually accept applications from family of current patients, who live at the same address. Additionally, there are two GPs accepting patients who live in Green Bay. If a specific GP is requested, please record the relevant information on the 'Exceptional Circumstances' section of the application form.

Routinely we will notify you within three to four weeks whether or not your application is successful, so you should continue to attend your current doctor in the meantime. If this is not possible (for example, you were living out of Auckland) please advise the receptionist if you require an urgent decision on your application.

For your application to be considered, please complete all sections, and return the attached forms. **If you were not born in New Zealand, we are required to sight and copy documents from your passport, to verify that you are entitled to NZ Health Services - before we can process your enrolment.** If your application is unsuccessful, your Enrolment form and any photocopies will be returned to you, if requested

One of the receptionists will advise you, by phone, if we can offer enrolment at Green Bay Medical Centre. After we have processed the paperwork, and obtained your medical notes from your current Medical Centre, you will be able to make an appointment with your new GP. (Adults will see the Practice Nurse prior to the first doctor's appointment.) Please see our Practice Information leaflet for details of costs for the first appointment.

It can take over a month for the Ministry of Health to confirm enrolment on our Practice Register, and then patients are able to access those PHO programmes only available for funded patients.

Yours sincerely

Gwenyth Tilton
Practice Manager

When returning your completed forms, we ask you to wait while the receptionist checks that the essential information is recorded.

For office use:

Date ___/___/___ Receptionist's initials _____ Data in Blue Folder? []

Enrolment form checked []

Green Bay Medical Centre
Application Form

GREEN BAY MEDICAL CENTRE

Te whare rongo o kakariki

70 Godley Rd, Green Bay, Auckland 0604
Ph 09 8274075 Fax 09 8277024
P O Box 80 013 Green Bay 0643
eMail : greenbay@xtra.co.nz
HealthLink EDI: greenbay

Dr John McAllister
Dr Cushla Borthwick
Dr William Reyneke
Dr Gina Kaye
Dr Deb Mitchell

Please tick and complete all sections below that apply; two (or more) criteria may be required.

[] Immediate family member(s), living at the same address, is/are enrolled patient(s) of the Practice: Please give their names _____ and their relationship to you: _____

Resident of [] Pinesong OR [] Green Bay

[] Former patient who qualifies under one of the other criteria

Exceptional circumstances: Please detail these: _____

Application(s) for: (as detailed on attached enrolment forms)

Last name _____ First name _____

Country of birth _____ ** please note, if you were NOT born in New Zealand, we need proof that you are entitled to access NZ Health services.

**Please bring your NZ Passport, Residency permit or Work permit which covers 2 years or more.

Daytime Phone number/s _____ Cell phone _____

Plus (children under 16 years) Please complete an ENROLMENT form for each child:

Table with 3 columns: Last name, First name, Country of birth. Includes three rows for child information.

I am / we are currently enrolled at (Medical Centre) _____

Please ensure that enrolment form is fully completed (especially those mandatory sections marked *)

McLaren

Date: ___/___/20___

Name of previous GP/ Medical Practice:

To: Dr _____ of _____ Medical Centre

Address _____ FAX: _____

The following patient/s have enrolled at our practice - we would be grateful if you would forward their medical records to the address above. Electronic records are welcome to our HealthLink address: greenbay or to the GP indicted below, via GP2GP

Please remove those named below from your practice register.

NAME: _____ NHI.: _____

DATE OF BIRTH: ___/___/___

ADDRESS: _____

PLUS [children under 16 years]

DOB: ___/___/___ NHI: _____

DOB: ___/___/___ NHI: _____

DOB: ___/___/___ NHI: _____

Signed _____ (Patient) or Parent: _____ (name)

Receptionist to complete:

- [] Dr John McAllister
[] Dr Cushla Borthwick
[] Dr William Reyneke
[] Dr Gina Kaye

NZMC

- 8045
18275
29480
38151

With thanks, _____ Receptionist