Te Puke Medical Centre

Updating Your Details

To maintain and improve the high standards we set within our practice, we are continually up-dating our patient register.
To ensure you receive appropriate care and treatment, and for associated administrative tasks *in accordance with the Health Act and Health Information Privacy Code,*
we need your help to do this and ask you to notify us of any changes to your details at any time
e.g. a change of address, new phone number, new mobile number, your email address
Please complete the following questions (we require a separate form for anyone 16 years and over):

Legal Name	Mr Mrs Ms Miss Dr	Surname/Family Name	First/Given Name	
	Middle Name(s)	Preferred Name	Maiden Name	
Birth Details	Day / Month / Year of Birth	Place of Birth	Country of Birth	
Gender	☐ Male ☐ Female ☐ Gender diverse (please state)		Primary Language	

Usual Residential Address	House (or RAPID) Number and Street Name		Suburb/Rural Location	Town / City and Postcode
Postal Address (if different from above)	House Number and Street Name or PO Box Number		Suburb/Rural Delivery	Town / City and Postcode
Contact Details	Mobile Phone	Home Phone	Email Address	

Next Of Kin / Emergency Contact	Name	Relationship	Mobile (or other) Phone
	Address		

Ethnicity Details

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:

IWI	
Occupation	
Employer & Address	

Smoking Status (applies to 15 years & over ONLY)

Never smoked ☐ Current smoker ☐

Ex-smoker ☐ Approximate Quit Date_____

Would you like support to quit? Yes ☐ No ☐

Consent to Receive Communications via *Email - Text - Patient Portal*

Please tick applicable boxes to give your consent:

☐ Text Message ☐ Patient Portal (secure)

☐ Email (non-secure)

Please include any children in your family under the age of 16:

_____ DOB_____

_____ DOB_____

_____ DOB_____

Signature_____ **Date**_____