

# Medical Records Transfer Request

Healthlink EDI: hamestmc

Previous Medical Centre: \_\_\_\_\_

Please Tick	Doctor	NZMC
<input type="checkbox"/>	Dr Christina Khouri	81801
<input type="checkbox"/>	Dr Dean Hannay	79420
<input type="checkbox"/>	Dr Denzil Berchmans	86076
<input type="checkbox"/>	Dr Emma Aldridge	71523
<input type="checkbox"/>	Dr Simon Hornby	90996
<input type="checkbox"/>	Dr Zig Khouri	12151

Name: \_\_\_\_\_ NHI: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ NHI: \_\_\_\_\_ DOB: \_\_\_\_\_

First Consult Booking:	
Patients 29 years and under	1 x Nurse Consult and 1 x Doctor Consult
Patients 30 years +	1 x Double Doctor Consult

Please see our consultation charges on our website

## PATIENT CODE OF CONDUCT:

1. I shall treat staff with respect
2. I acknowledge that each appointment slot is 15 minutes, unless otherwise specified (*at extra cost*).
3. If I am late for my appointment, I understand I will have to reschedule
4. I understand that if I miss my appointment or do not cancel within at least 90 minutes, I will be charged the full consultation fee
5. Clinical staff may prioritize and defer some presented problems to a further appointment time
6. If I run over time due to expectation of covering more problems, I will pay an extra fee for extra time
7. I will also pay for extra charges, including but not limited to ECG, injections, cervical smears, excisions, liquid nitrogen, crutches, infusions, medicals etc.
8. I will pay in full for my consultation on the day if not arranged by prior approval with reception
9. If I have any problems or difficulties with the medical centre or staff, I will report this immediately either by filling in a complaint form or directly discussing with management.

**\*If you are 16 years and older you are required to sign your own form\***

In order to receive the best care possible, I agree to Hamilton East Medical Centre obtaining my medical records from my previous doctor. I also understand that I will be removed from their practice register.

Current Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full name & Relationship (signing on behalf): \_\_\_\_\_