

REGISTRATION FORM



ST GEORGE'S
CANCER CARE CENTRE

For administration purposes only:

Appointment date: _____

Doctor/Allied Health: _____

NHI #: _____

A. PERSONAL DETAILS (TO BE FILLED IN BY PATIENT OR PARENT/GUARDIAN)

Surname: (Family Name) _____ Mr/Mrs/Miss/Ms/Mstr/Other _____

Given Names: _____ Preferred Name: _____

Previous/Maiden Names: _____ Date of Birth: _____

Address: _____ Phone: _____

Suburb: _____ Work: _____

City: _____ Postcode: _____ Mobile: _____

Postal Address (if different to above): _____

Email*: _____

(By supplying my email address, I am authorising St George's Cancer Care Centre to use this as a form of communication with me, which can include personal information)

Referring Specialist: _____

GP: _____ Medical Centre: _____

Insurance Company: _____ Policy Number: _____

This information is used for statistical purposes:

Country of Birth: _____ New Zealand Resident: Yes No

Choose the box(es) that apply to you:

- | | | | | |
|-----------------------------------|--------------------------------------|---|----------------------------------|--|
| <input type="checkbox"/> NZ Maori | <input type="checkbox"/> NZ European | <input type="checkbox"/> Other European | <input type="checkbox"/> Samoan | <input type="checkbox"/> Cook Island Maori |
| <input type="checkbox"/> Tongan | <input type="checkbox"/> Niuean | <input type="checkbox"/> Tokelauan | <input type="checkbox"/> Fijian | <input type="checkbox"/> Other Pacific |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Other Asian | <input type="checkbox"/> South East Asian | <input type="checkbox"/> Chinese | <input type="checkbox"/> Other _____ |

B. ALTERNATIVE CONTACT DETAILS

Contact Name: _____ Relationship: _____

Address: _____

Telephone Home: _____ Mobile: _____

C. PRIVACY INFORMATION

St George's Cancer Care Centre will collect and store information about you that is necessary for your treatment and will only use the information for that intended purpose.

I consent to allow St George's Cancer Care Centre to use email, fax, phone, post to:

- Pass on information to Government entities (such as the Ministry of Health) if they are legally entitled to it, or if it is necessary for my treatment and care (such as a Public Hospital).
- Share relevant information related to my healthcare as required by third parties, such as my Health Insurer, Medical Specialists, or General Practitioner.

I accept that St George's Cancer Care Centre is committed to protecting the privacy of individuals however electronic transmission of information (ie: email or fax) cannot be guaranteed to be secure or error-free as information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete, or contain viruses.

I consent to the above and confirm to the best of my knowledge that the information supplied is correct.

Print name in full: _____

Signed: _____ Date: / /

If not the patient, state relationship to patient: _____