Harbour Surgery Centre

General Upper GI, HPB, Laparoscopic and Robotic Surgeons

Level 1, Northern Clinic, Southern Cross North Harbour Campus
Entry A, 212 Wairau Road. Wairau Valley, Auckland 0627

09 4409930 info@harboursurgery.co.nz www.harboursurgery.co.nz

PATIENT REGISTRATION

FILE NO. _____ PRIMARY SURGEON: _____ NHI: _____

SURNAME: Mr | Mrs | Ms | Dr _____

FIRST NAME: (Legal) _____ (Preferred) _____

HOME ADDRESS: _____ POST CODE: _____

POSTAL ADDRESS: _____ POST CODE: _____

OCCUPATION: _____ DATE OF BIRTH: _____ NEW ZEALAND RESIDENT: Y | N

CONTACT DETAILS

HOME: _____

MOBILE: _____

EMAIL: _____

NEXT OF KIN

NAME: _____

RELATIONSHIP: _____

PHONE: _____

TEXT APPOINTMENT REMINDERS: Y | N

CORRESPONDENCE TO BE SENT VIA EMAIL: Y | N

MEDICATION & SUPPLEMENTS: _____

ALLERGIES: _____

GENERAL PRACTITIONER: _____

REFERRED BY (IF NOT GP): _____

MEDICAL INSURANCE: SOUTHERN CROSS | NIB | UNIMED | POLICE | ONEPATH | OTHER

SOUTHERN CROSS INSURNACE MEMBERSHIP NO. _____

Your consultation fee will be billed directly to Southern Cross (Please note a shortfall may apply)

I hereby understand and give my consent for Harbour Surgery Centre to access any relevant medical information and for Harbour Surgery Centre to disclose relevant medical information to my insurer to determine eligibility of cover under my insurance policy and to authorise, process and settle claims.

ACC CLAIM NUMBER: _____ CASE MANAGER: _____

Note: ACC does not cover the full cost of the consultation. A surcharge will apply and is payable on the day of your consultation.

SIGNATURE: _____ DATE: _____

PROF JONATHAN KOEA
MD FRACS FACS
Jk@harboursurgery.co.nz
Consulting at Epsom, Silverdale
Warkworth & Wairau Valley

MR INIVERSE LEUNG
MBChB FRACS
uni@harboursurgery.co.nz
Consulting at New Lynn,
Reneura & Wairau Valley

MR SANKET SRINIVASA
MBChB PhD FRACS
sunny@harboursurgery.co.nz
Consulting at Greendale,
Grafton & Wairau Valley