



CLINIC No: _____

SEXUAL HEALTH SERVICE

Registration Form

SURNAME First Name

Preferred Name

My date of birth is: _____

NHI _____

I am (please tick): Male Female Trans
(Optional) Heterosexual Bisexual Gay Other

Which ethnic group do you belong to? (tick the space or spaces that apply to you):
 NZ European Maori Samoan Cook Island Maori Tongan Niuean
 Chinese Indian Other (such as Dutch, Japanese, Tokelauan). Please state

Community Services Card? Yes No

New Zealand Resident? Yes No

IMPORTANT INFORMATION – CONTACT INFORMATION & RESULTS:

Our preferred method for giving test results is by text message.

We often have difficulty contacting clients, so please provide us with as many contact methods as possible, so that we are able to contact you if we need to. Please print clearly.

Postal Address (Required for prescriptions)

.....
.....

Can we send a letter (in an unmarked envelope) if unable to contact you by other means: Yes No

Mobile phone number: Can we text you? Yes No

Can we leave a voice message? Yes No

Home phone number: Can we leave a voice message? Yes No

Email address: Can we email you? Yes No

Other contact:

OR

I do not want the clinic to contact me. I take full responsibility for ringing the clinic for any results or follow up.

CONFIDENTIALITY OF INFORMATION

Our files are separate from the main hospital records, for increased confidentiality. However this means that other health providers find it more difficult to access information about your visit here. **Under some circumstances, we may be required to share information about your visit or your diagnosis (e.g. for legal requests and notifiable infections).**

You may have laboratory tests as part of your care at the clinic. This is usually done under your National Health Index number (NHI); a unique number that is assigned to every person who uses health and disability support services in New Zealand. The main Hospital services and your GP use your NHI number. The NHI number is not a health record, it is simply a unique combination of letters and numbers which helps identify who you are; an important aspect of clinical safety. An NHI number is fundamental for services to link information and gain a better understanding of each person's needs so we recommend using one at this clinic.

If you are particularly worried about confidentiality or you are not entitled to funded health care in New Zealand, please talk to the nurse or doctor as we can discuss an alternative option with you.

Please tick if you do NOT want us to use your NHI Number?

NOTE: by ticking this box you accept full responsibility for any adverse health outcomes that may result.

Name of GP / usual Health Provider:

Address (if known)

I am now (please tick):

Employed Unemployed Student Other

My occupation is:

The main reason I came here was:

Confidentiality Cost Specialist Help

Recommended by friend/family member

Advised to attend by community organisation

Referred by health provider

I found out about the Clinic from:

Friends/family Internet

Health provider Phone Book

Radio ad Other.....

Signed _____ Date _____

Office Use Only – Details checked:

Date:	Initialed:	Date	Initialed	Date	Initialed
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____