Client Registration Form

POSITIVE SEXUAL HEALTH
Family Planning

Client No: ____________________ **NHI No:** ____________________

Clinic: ____

Is this your first visit to this Family Planning clinic? YES ❑ NO ❑

Have you ever been to another Family Planning clinic? YES ❑ NO ❑

If YES: Clinic Name: ____

Last Name: ____

First Names: ____

Preferred Name: ____________________ D.O.B: ____________________

Gender? e.g. female ____________________________________

Street name and number: ____________________________________

Suburb & City: ____

Email: ____

Can we contact you: 1. Mail: YES ❑ NO ❑
2. Email: YES ❑ NO ❑

Can we contact you on these phone numbers?

1. Home: ______________________________ YES ❑ NO ❑
2. Work: ______________________________ YES ❑ NO ❑
3. Mobile: ______________________________ YES ❑ NO ❑

To which ethnic group do you belong? Mark the space or spaces that apply to you.

- Māori ❑
- Tokelauan ❑
- Fijian ❑
- Niuean ❑
- Tongan ❑
- Cook Island Māori ❑
- Samoan ❑
- South East Asian ❑
- Indian ❑
- Chinese ❑
- NZ European ❑

Please state any other ethnic group (such as African, Middle Eastern, other European)

____

English is my second language ❑

Eligibility for Public Funded Healthcare *(please tick one)*

Are you:

a. A New Zealand Resident OR a NZ work visa holder eligible to be in NZ for at least two years OR a Refugee? ❑
b. An Australian/UK citizen? ❑
c. None of the above ❑

Family Planning's services are only partly funded by government.

Would you like to find out how you can support our work?

YES ❑ NO ❑

Other information

Do you need assistance with any of the following?

- Hearing ❑
- Sight ❑
- Speech ❑
- Mobility/Agility ❑
- Learning ❑

Who is your GP?

____

What is the name of your medical centre?

____

No information will be sent to your GP or medical centre without your consent.

Do you hold a current Community Services Card? YES ❑ NO ❑

Number: ______________________________ Start: ____________________ Expiry: ____________________

Declaration

I have been given a copy of the Family Planning Client Rights pamphlet. YES ❑

All the information above is correct. YES ❑

Signature: ____ Date: ____________________

Family Planning office use only: Input by (initials):_______ ***Proof of ID: Yes ☐ ____________________ No ☐***