

**CLIENT DETAILS & ENROLMENT FORM**

NHI:.....

Date:...../...../20.....

Full Birth Name/s:.....

D.O.B:...../...../.....

Next of Kin (NOK):.....

Day Phone:..... A/H Phone:..... Mobile:.....

NOK relationship to client e.g. your parent, partner, sibling etc:.....

**If the client is under the age of 16 or is unable to sign for them self for Health or Disability reasons we require a signature from the legal caregiver/parent.**

**Client Consent:**

I agree that the above needs have been identified and agree with the recommendation of care and services to be provided by Hauraki PHO. I agree to the collection of information that will be kept for the purpose of improving service delivery at Hauraki PHO.

I also understand that during and following the assessment and co ordination process, I may withdraw my consent to obtain or release my health information, and therefore withdraw from all clinical care/oversight responsibilities from the identified services.

**I have been informed of my rights to have access to an independent advocate/support person of my choice at any time I choose.**

Client/Caregiver Signature..... Date:...../...../20.....

Client Name:.....

Signature of parent/guardian/custodian if client under 16 years of age:.....

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HPO Signature:..... Date:...../...../20.....

Name:.....

I also consent to allowing the release of any formal reports (if such a report is requested) to or from other health, medical and other authorities and agencies involved in my on-going care.

Client/Caregiver Signature..... Date:...../...../20.....

VERSION 1	APPROVED BY: Lynne Courtney, Quality Manager	MASTER COPY STAMP:
DATED: 25 March 2020	REVIEW DATE: 20 May 2022	Client Details and Registration