Welcome Pack

Howick Community MEDICAL

A DIVISION OF CRAWFORD MEDICAL

WELCOMING NEW PATIENTS

Our community's wellbeing is our focus

Serving the East Auckland community since 1972, Howick Community Medical is a family-focused medical practice offering trusted healthcare for every stage of life. Our experienced team of doctors, nurse practitioners, nurses, and wellbeing professionals are here to support your health close to home.

SERVICES WE OFFER

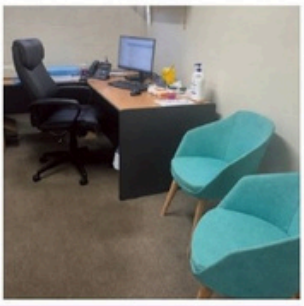
- Family Medical Care
- Immunisations
- Wound Care
- Health Improvement Practitioner (Registered Psychologist – free of charge)
- Health Coaching (free of charge)
- Multilingual Clinical Team
- Pharmacy located next door
- Convenient access to specialist clinics and additional services

ENROL TODAY

Join a trusted local practice caring for Howick families for more than 50 years.

- Affordable fees for enrolled patients
- Caring, experienced team
- Convenient Howick location

Enrol online: quick and easy – takes less than 5 minutes
howickcommunitymedical.co.nz/enrol



80 Vincent St, Howick 09 538 0130 info@communitymedical.co.nz

www.howickcommunitymedical.co.nz

Serving the community since 1972 !

Opening Hours:

Mon-Fri
8:00am-5:00pm

A very warm welcome from the team at Howick Community Medical Practice. Thank you for choosing us as your preferred healthcare provider. We are a family-focused practice with a diverse team of Doctors and Nurse Practitioners, bringing a wide range of nationalities, skills, and clinical expertise to support your care.

At Howick Community Medical, we are proud to also have a highly experienced nursing team, offering a comprehensive range of nursing services to meet your healthcare needs.

We also provide care to several aged care facilities, delivering both rest home and hospital-level services, as well as offering consultation sessions for independent residents.

In this Welcome Pack, you will find helpful information, including an introduction to our practitioners and the services we provide.

As part of the wider Crawford Medical group, our services also extend to a large medical centre called Crawford Medical Centre on Picton Street. Additional facilities include minor surgery services, Crawford Specialist Clinics, Crawford Clinics, and the Crawford Wellness Centre.

80 Vincent St, Howick, Auckland
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Meet our Practitioners...

Dr Scott Pearson
BSc, MBChB

Dr Scott completed his BSc at Manchester in 2003, and MBChB at Warwick in 2007. Scott moved permanently to New Zealand in 2025
Language: English

Dr Michael Chen
BSc, BMedSc (Hons), MBChB

Dr Michael emigrated from China in 1995.
Languages: English and Mandarin

Dr Ayushi Sharma

Dr Ayushi moved from Fiji in 2013.
Language: English & Hindi

NP Intern Stephanie Zhang
Mstr Nur (Hon), PG DIP Hsc

Stephanie is also a Diabetes Specialist.
Languages: English, Cantonese Mandarin

NP Pratik Parikh
Mstr NSc, PG DIP

Pratik relocated from Wellington In early 2024.
Languages: English, Hindi, Gujarati, Punjabi, Marathi and Kannada

Pharmacy Next Door – John Savory Unichem Howick

For your convenience, John Savory Unichem Pharmacy is located right next door to our clinic in Vincent Street, Howick.
This makes it easy to have your prescriptions filled quickly after your appointment, no need to travel further or wait unnecessarily. Owner Tae and his friendly pharmacy team can assist with:
-Dispensing your prescriptions
-Medication advice and support
-Over-the-counter medicines and health products

Being so close means a smoother, more convenient experience for your care, simply pop next door after your visit.

Enrolment

You can enrol online via our website at www.howickcommunitymedical.co.nz, or by completing the enrolment form and either emailing it to info@communitymedical.co.nz or bringing it into the practice.

Appointment Bookings

To book an appointment, please call us on 09 538 0130, email us, or simply walk in to arrange an appointment time.

Founder and Clinical Lead

Dr Bruce Greenfield
MBChB,(Otago),DipOB, FRNZCGP

Dr Bruce started Crawford Medical Centre in 1972 and is our Clinical Lead for the Crawford Divisions

Complimentary Wellbeing Visits

You can book a consultation for **FREE** with our Wellbeing Team. To make a booking, please call us today!

Sean provides 30-Minute sessions offering support, education and strategies around:

- Anxiety, low mood, grief, addictions
- Relationship matters, parenting
- Work and academic challenges, burnout

A health coach can support you with personalised guidenace and support around:

- Career and educational hurdles
- Exercise, sport, lifestyle
- Food, stress, sleep

Coming soon...

Practice Enrolment Form

EAST HEALTH TRUST
primary health organisation

Practice Name Howick Community Medical
Company Name Crawford Medical Centre Ltd
Address 80 Vincent Street, Howick 2014
GP Provider ..... **NZMC No:** .....
Phone Number (09) 538 0130
EDI Number Crawford
Email: info@communitymedical.co.nz

Legal Name	**Title:**	**Surname:**	**First Name:**
			Middle Name:

NHI: (office use only)	**Date of birth:**
Gender: ☐ Male ☐ Female ☐ Gender Diverse *(please state)*	**Place of birth:**
Occupation:	**Country of birth:**

Community Services Card
☐ **Yes** / ☐ **No**
Card number:
Card Expiry Date:

High User Health Card
☐ **Yes** / ☐ **No**
Card number:
Card Expiry Date:

Residential Address	**Street Number:**	**Street Name:**	
	Suburb:	**City:**	**Postcode:**
Postal address *(if different to above)*			
Home Phone:	**Work:**	**Mobile:**	
Email:		**Emergency Contact Name:**	
Do you agree to receive emails: ☐ **Yes** ☐ **No**		**Relationship:**	**Tel. contact:**

Do you agree to receive text messages?	☐ **Yes** ☐ **No**	**Do you Smoke?**	☐ **Yes** ☐ **No (ex smoker)** ☐ **Never**

Which ethnic group(s) do you belong to? Tick the space or spaces which apply to you

- ○ New Zealand European
- ○ Māori
- ○ Samoan
- ○ Cook Island Māori
- ○ Tongan
- ○ Niuean
- ○ Chinese
- ○ Indian
- ○ Other such as (Dutch, Japanese, Tokelauan)

Please state _____

Transfer of records

In order to get the best care possible, I agree to this Practice obtaining my records from my previous Doctor. I also understand that I will be removed from their practice register.

☐ Yes ☐ No ☐ Not applicable

Previous Doctor's name:
Address:

Phone:

Signature _____

(agreement for transfer of records)

Iwi	**If of Māori descent, please enter up to 3 iwi or home area affiliations**	**Iwi 1** _____	**Iwi 2** _____	**Iwi 3** _____

☐	**I wish to join Manage My Health online patient portal so that I have access to my results, medication requests and online appointment bookings.**
Patient Signature _____	☐ **Provide Photo I.D** **Personalised Email Address:** _____

Please turn over

My declaration of entitlement and eligibility

I am entitled to enrol because I am residing permanently in New Zealand *The definition of residing permanently in NZ is that you intend to be resident in New Zealand for at least 183 days in the next 12 months*	☐

I am eligible to enrol because:

A	I am a New Zealand citizen *(If yes, tick box and proceed to **I confirm that, if requested, I can provide proof of my eligibility** below)*	☐

If you are **not a New Zealand Citizen**, please tick which eligibility criteria applies to you (B-J) below:

B	I hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010)	☐
C	I am an Australian citizen or Australian permanent resident **AND** able to show I have been in New Zealand or intend to stay in New Zealand for at least 2 consecutive years	☐
D	I have a work visa/permit and can show that I am able to be in New Zealand for at least 2 years (previous permits included)	☐
E	I am an interim visa holder who was eligible immediately before my interim visa started	☐
F	I am a refugee or protected person **OR** in the process of applying for, or appealing refugee or protection status, **OR** a victim or suspected victim of people trafficking	☐
G	I am under 18 years and in the care and control of a parent/legal guardian/adopting parent who meets one criterion in clauses a – f above **OR** in the control of the Chief Executive of the Ministry of Social Development	☐
H	I am a NZ Aid Programme student studying in NZ and receiving Official Development Assistance funding (or their partner or child under 18 years old)	☐
I	I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme	☐
J	I am a Commonwealth Scholarship holder studying in NZ and receiving funding from a New Zealand university under the Commonwealth Scholarship and Fellowship fund	☐

I confirm that, if requested, I can provide proof of my eligibility	☐
we will retain a copy for eligibility purposes only — Evidence Sighted (office use only)	☐

My agreement to the enrolment process

NB Parent or caregiver to sign if you are under 16 years

→ **I intend to use this practice** as my regular and ongoing provider of general practice/GP/health care services.

→ **I understand** that by enrolling with this practice I will be included in the enrolled population of East Health Trust Primary Health Organisation, and my name, address and other identification details will be included on the Practice, PHO and National Enrolment Service Registers.

→ **I understand** that if I visit another health care provider where I am not enrolled I may be charged a higher fee.

→ **I have been given information** about the benefits and implications of enrolment and the services this practice and PHO provides along with the PHO's name and contact details.

→ **I have read and I understand** the Use of Health Information Statement. The information I have provided on the Enrolment Form will be used to determine eligibility to receive publicly-funded services. Information may be compared with other government agencies, but only when permitted under the Privacy Act.

→ **I understand** that the Practice participates in a national survey about people's health care experience and how their overall care is managed. Taking part is voluntary and all responses will be anonymous. I can decline the survey or opt out of the survey by informing the Practice. The survey provides important information that is used to improve health services.

→ **I agree** to inform the practice of any changes in my contact details and entitlement and/or eligibility to be enrolled.

→ **I agree** to the Practice's Terms of Trade which are available on their website or from the General Manager.

→ **I agree** that the practitioner may use a transcription tool during the appointment to accurately document important information discussed. This tool helps ensure clarity in the medical records.

Signatory Details	Signature _____	Date ___/___/_____	☐ Self-Signing	☐ Authority

***An authority** has the legal right to sign for another person if for some reason they are unable to consent on their own behalf*

Authority Details *(where signatory is not the enrolling person)*	**Full Name:**	**Relationship:**
	Contact Phone:	**Basis of authority:** *(e.g. parent of a child under 16 years of age)*