

# Notification of newborn for enrolment

**Baby's patient sticker – if available**

NOTE: In the case of multiple birth, please complete a new form for each newborn.

## A. Baby's details

Family name \_\_\_\_\_ Given names \_\_\_\_\_

Other names \_\_\_\_\_ NHI number \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender  Male  Female  Unknown  Indeterminate

Which ethnic group does the child belong to? Tick one or more that apply.

NZ European  Māori  Samoan  Cook Island Māori  Tongan  Niuean  Chinese  Indian

Other (such as Dutch, Japanese, Tokelauan). Please state \_\_\_\_\_

Baby's home address: Street \_\_\_\_\_ Suburb \_\_\_\_\_

Town, city or district \_\_\_\_\_ Postcode \_\_\_\_\_

Baby's postal address (if different) \_\_\_\_\_

General practice (GP)/Primary care provider \_\_\_\_\_

Place of birth (birthing facility) \_\_\_\_\_

Birthing facility HPI-F (if known) \_\_\_\_\_ Phone number \_\_\_\_\_  
Including area code if it is a landline

## B. Parent/guardian details

These fields are intended to be used for capturing the primary and alternate contacts for the baby for enrolment with a primary healthcare provider and follow up regarding immunisation. This may include mother, birthing parent, father or a guardian relationship including matua whāngai.

Contact name \_\_\_\_\_ NHI number \_\_\_\_\_

Relationship to baby  Mother  Father  Other \_\_\_\_\_

Street address \_\_\_\_\_ Suburb \_\_\_\_\_

Town, city or district \_\_\_\_\_ Postcode \_\_\_\_\_

Email \_\_\_\_\_ Phone number \_\_\_\_\_  
Including area code if it is a landline

Alternative contact name \_\_\_\_\_ NHI number \_\_\_\_\_

Relationship to baby  Mother  Father  Other \_\_\_\_\_

Street address \_\_\_\_\_ Suburb \_\_\_\_\_

Town, city or district \_\_\_\_\_ Postcode \_\_\_\_\_

Email \_\_\_\_\_ Phone number \_\_\_\_\_  
Including area code if it is a landline

## C. Nominated provider details

General Practice (GP)/Primary care provider \_\_\_\_\_

GP/Primary care provider address \_\_\_\_\_

Well Child/Tamariki Ora provider (WCTO) \_\_\_\_\_

## D. Form completer details

Name \_\_\_\_\_ Role \_\_\_\_\_ HPI-CPN or APC \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Facility name \_\_\_\_\_ Phone number \_\_\_\_\_  
Including area code if it is a landline

**Privacy** The information on this form will be entered into the Newborn Enrolment System in order to facilitate your baby's enrolment with the newborn services. You do not have to provide the information requested on this form, or enrol your baby with these services. If you would prefer not to provide all or some of the information that we have asked for, please let your midwife/LMC know. They will be able to explain the consequences (if any) of not providing the information. You also have the right to ask for access to your information, and to ask for your information to be corrected if you do not believe it is accurate.

Please send completed form to your administrator for prompt entry into Whaihua. Once entered, please use secure destruction process.