

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.