

HealthierHeart



Your heart. Your choices
Let us help

BOOKING FORM

Cardiac Rehab, Cardiac Risk
Self-Management Programmes

FIRST NAME	LAST NAME	TITLE
DATE OF BIRTH	AGE	GENDER
POSTAL ADDRESS		POST CODE
PHONE	MOBILE	EMAIL
ETHNICITY – Maori / NZ European / Pasifika / Asian / Other (please specify)		
EMERGENCY CONTACT NAME / RELATIONSHIP / PHONE NUMBER (please choose someone who is not attending this course)		

PROGRAMME TO ATTEND (please tick)	CARDIAC REHAB	CARDIAC RISK	SESSION DATE(S)
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Are you bringing anyone with you? If so, please supply their details

FIRST NAME	LAST NAME	GENDER	AGE
ETHNICITY – Maori / NZ European / Pasifika / Asian / Other (please specify)			

For your safety and comfort, please list any other relevant health details or physical limitations that you or your accompanying person has

YOUR GP'S NAME	YOUR GP'S PRACTICE
SMOKER/ NON- SMOKER / EX (quit date)	NHI (if known)

Please tick

I consent for my non-identifiable details to be used to help evaluate this programme. I understand that these may be shared within Marlborough Primary Health & Ministry of Health. I also consent for my medical details to be shared between Marlborough Primary Health & my GP for purposes of monitoring & follow-up, for a period of 18 months. I have the right to view my details & understand that the user will comply with the Privacy Act & Health Information Privacy Code at all times.

PRINT NAME	DATE
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Marlborough Primary Health
KIMI HAUORA WAIRAU | SEEKING WELLBEING IN MARLBOROUGH

PLEASE RETURN TO:

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