Welcome Pack

CRAWFORD
MEDICAL

Your wellbeing is our focus

Acute Walk-in Clinic

Apart from our available appointments, we also offer an Acute Walk-in Clinic to the community, available:

- 9am-4pm Mon-Fri
- 9am-12pm Sat

Opening Hours:

Monday to Friday
7:30am to 7:00pm
Saturday
9.00am to 12:00pm

A very warm welcome awaits you from the Crawford Medical Centre team. Thank you for considering us as your preferred medical provider. We are a family practice with more than 13 Doctors and 4 Nurse Practitioners of varying nationalities and specialties.

At Crawford Medical we have a very experienced nursing team and offer a comprehensive nursing service, including immunisations, flu and travel vaccines, IV infusions, including IV antibiotics, wound management, spirometry and 24 hour blood pressure monitoring.

At Crawford senior care we provide rest home care for a number of aged care facilities, including rest home and hospital level care, as well as offering consulting sessions for independent residents.

Within this Welcome Pack you will find helpful information including a brief introduction to our Practitioners.

Other services and facilities at Crawford Medical, includes minor surgeries, a Crawford Pharmacy and a Crawford Specialist and Wellness Centre.

Serving the community since 1972!

4 Picton St, Howick, Auckland
09 538 0083
www.crawfordmedical.co.nz
info@crawfordmedical.co.nz

CRAWFORD
SPECIALIST CLINICS

Ear Clinic

Qualified Ear Nurse Specialists

- Microscope, low-pressure suction technology
- ACC registered
- Wax removal
- Ear infections
- Foreign body removal
- Hearing loss

Skin clinic

Qualified Skin Nurse Specialists

- Comprehensive mole and skin mapping
- Skin cancer detection & monitoring
- Checking moles, freckles and sun spots
- Removal of skin lesions, Liquid Nitrogen
- Treatment plans

Additional Visiting Specialists available

12 Picton St, Howick, Auckland | 09 538 0134 | www.crawfordspecialists.co.nz

CRAWFORD
WELLNESS

Patients eligible and registered with Crawford Medical, will have access to the below complimentary wellbeing consulting services

Health Improvement Practitioner

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

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

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

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

Health Coach

Coming soon..

Meet our Practitioners...

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

Dr Bruce started Crawford Medical Centre in 1972.
Language: English

Dr Linley Murray
MBChb, FRNZCGP

Dr Linley joined Crawford in 1987.
Language: English

Dr Michael Chen
BSc, BMedSc (Hons), MBChB

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

Dr Lorraine Forbes
MBChB, FRNZCGP

Dr Lorraine emigrated to New Zealand in 1993 and joined Crawford in 2007.
Language: English

Dr Graham Witney
BHB, MBChb,FRNZCGP

Dr Graham has worked in the Howick area as a GP since 1990 and joined Crawford in 2009.
Language: English

Dr Janli Stapelberg
MBChB FRNZCGP

Dr Janli emigrated from South Africa to New Zealand in 1994.
Languages: English, Afrikaans

Dr Rosanne Hijdra
BSC, MSC

Dr Rosanne emigrated from The Netherlands in 2024.
Languages: English, Dutch, Afrikaans

Dr Bradford Volk
BS, MD, ABFM

Dr Brad graduated in the USA in 2000 and moved permanently to New Zealand in 2025.
Language: English

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

Stephanie specialises in diabetes management.
Languages: English, Catonese Mandarin

Dr Ayushi Sharma
MBChB

Dr Ayushi completed her MBChB in Fiji in 2013. She moved permanently to New Zealand in 2020
Language: English, Fiji-Hindi

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

Robyn McCullough
Nurse Practitioner
Mstr Nur (Honours), PG Dip HSc

Robyn began her career in Australia and later moved to New Zealand.
Language: English

Ashleigh Fox
Nurse Practitioner
Mstr Nur (Hon), PG DIP Hsc

Ashleigh joined Crawford Medical Centre in 2023.
Language: English

Pratik Parikh
Nurse Practitioner
Mstr NSc, PG DIP

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

Dr Viviana Meléndez-Muñiz

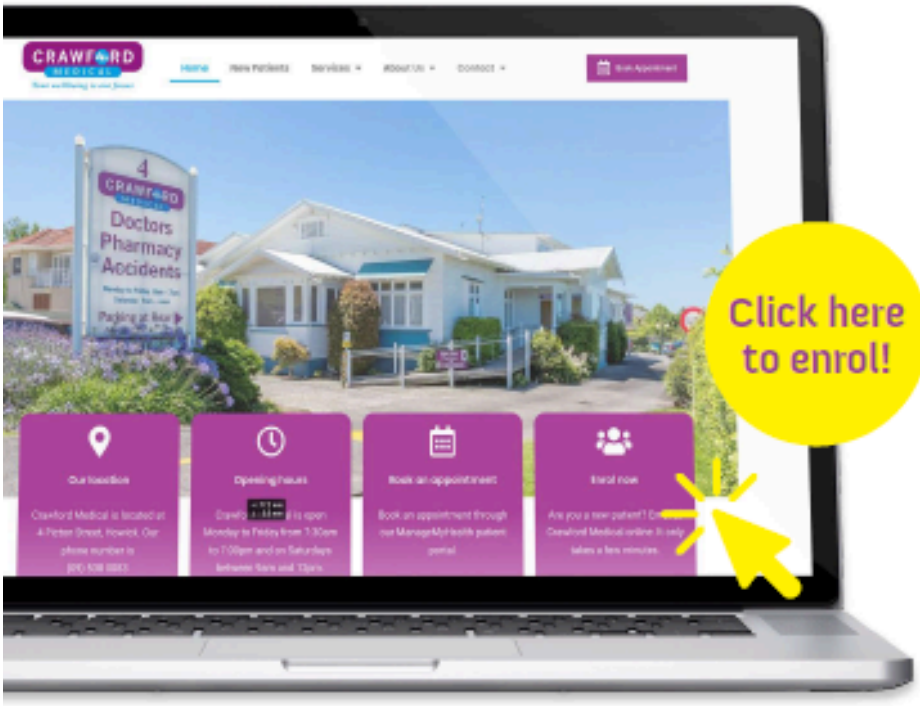
Dr Viviana will be joining our team in April 2026.
Language: English and Spanish

Dr Ashima Dogra

Dr Ashima will be joining our team in May 2026.
Language: English, Hindi, Punjabi

Dr Aviel Hankin

Dr Aviel will be joining our team in June 2026.
Language: English, Hebrew, Frensh and Arabic



Enrolment...

You can enrol on our website or by filling out the forms included in this pack.

Not eligible to enrol? Casuals can still complete the enrolment form, so we can capture your details on our system prior to your first visit with us.

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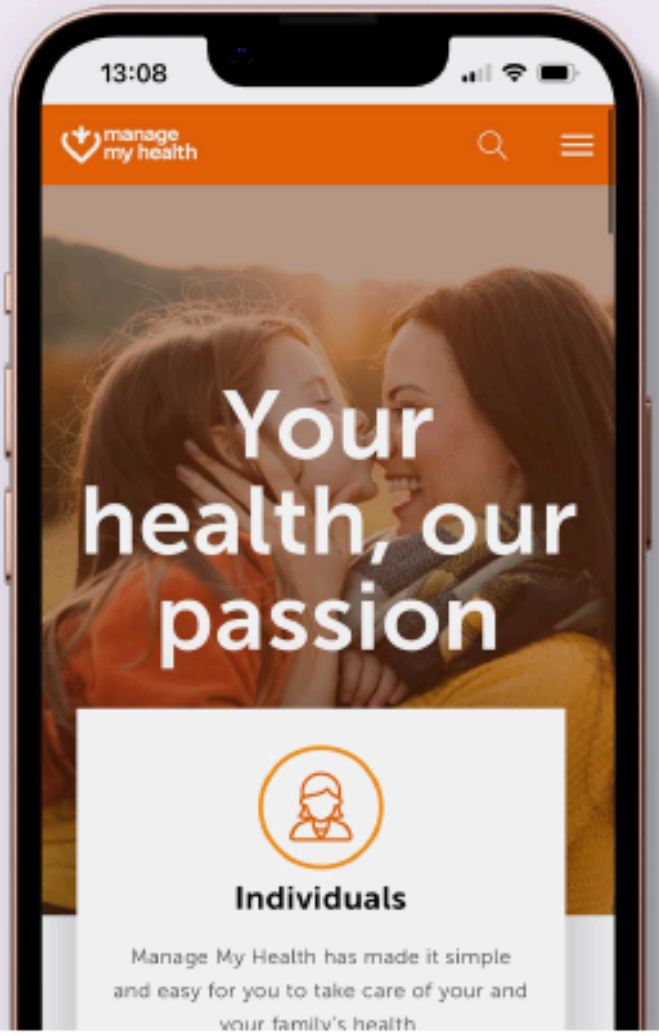
manage my health

Sign up and download the app today.

- Book appointments
- Access lab results
- View immunisation records
- Order repeat prescriptions
- Access & maintain your Medic Alert profile
- Receive appointment reminders – managed in a health calendar

Access is 24/7.



Practice Enrolment Form

EAST HEALTH TRUST
primary health organisation

Practice Name **Crawford Medical Centre** **Phone Number** (09) 538 0083
Address 4 Picton Street, Howick 2014 **EDI Number** Crawford
GP Provider ..... **NZMC No:** ..... **Email:** info@crawfordmedical.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 Practice 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)*