

# CLINICAL UPDATE FORM

## Freephone 0800 840 111

**Attn: Doctor: It is faster and more reliable to review of your patients Emergency Health Information by either:**

1. Using your Te Whatū Ora Workforce Sign-in\* at [www.MedicAlert.nz](http://www.MedicAlert.nz) ; or 2. Using a  Button, provided by your IT Vendor in your PMS.

\* Practice Account Registration is required to set up this Secure Privacy Protected Service. Terms, Conditions and Fees apply. Australasian Society of Clinical Immunology.

Patient Name	TITLE	
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Membership No.	
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NHI #:	Blood Group: <small>NEG/POS</small>
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Patient Details	
Date of Birth	Gender M / F
Postal address	
Suburb/RD	
City	Postcode
Home phone	Work phone
Mobile	
Email	

Emergency Contact (Family or Friend) Information	
Relationship	
First name	Surname
Address	
Suburb/RD	
City	Postcode
Home phone	Work phone
Mobile	
Email	

Doctors	
Doctor	NZMC No.
Practice name	
Address	
City	Postcode
Work phone	Mobile

Advance Service Requirements			
Advance Directive	<i>(Attach a copy)</i>	Emergency Action Plan	<i>(Attach a copy)</i>
Advance Care Plan	<i>(Attach a copy)</i>	EPOA - Welfare	<i>(Attach a copy)</i>

Other Information		
Organ Donor:	Yes	No

Emblem Engraving	
Circle up to six (6) Warnings, Allergies or Conditions	
Select engraved conditions with first responders in mind.	
Please note:	
<ul style="list-style-type: none"> <li>Emblems allow limited information due to size restrictions (maximum of 23 characters per line).</li> <li>Some emblems allow only two lines.</li> <li>Standard medical terminology abbreviations are used.</li> </ul>	

Reg. Medical Professional Authorisation	
<div>Signature/Stamp</div> <div>Date signed</div>	
<input type="checkbox"/> I am the patient's Enrolled General Practitioner	

Medical Condition / Diagnosis		
Acquired immunodeficiency syndrome		Essential hypertension
Alzheimer's disease /Dementia <i>(specify)</i>		Fetal alcohol syndrome
Angina		Glaucoma
Anxiety		Hemophilia <i>(specify)</i>
Asperger's disorder		Hypercholesterolemia
Asthma		Hypoglycemia
Atrial fibrillation		Hypothyroidism
Attention deficit disorder		Ischaemic heart disease
Attention deficit hyperactivity disorder		Motor neuron disease
Autistic disorder		Multiple sclerosis
Cancer <i>(specify)</i>		Muscular dystrophy
Cerebrovascular accident / disease <i>(specify)</i>		Organ Transplant <i>(specify)</i>
Chronic obstructive pulmonary disease		Osteoarthritis
Congestive heart failure		Pervasive developmental disorder
Coronary artery bypass graft		Pulmonary embolism
Coronary artery disease		Renal failure
Deep venous thrombosis		Rheumatoid arthritis
Diabetes mellitus		Transient ischemic attack
Epilepsy		von Willebrand disorder

Medical Devices		
Cochlear implant L R or Both <i>(specify)</i>		Heart valve replacement Aortic / Mitral <i>(specify)</i>
Hearing aids L R or Both <i>(specify)</i>		Implanted medical device Pacemaker / ICD <i>(specify)</i>

Record Medical Conditions / Devices not listed		

Medical Warnings		
Anaesthesia alert <i>(specify)</i>		No BP IV or injections L or R arm <i>(specify)</i>
Difficult intubation		On hemodialysis
Malignant hyperthermia		Hearing/Vision impaired <i>(specify)</i>
Bleomycin therapy		SBE prophylaxis
Avoid high flow oxygen		Non verbal
CO2 Retainer		Wears contact lenses
Lymphedema		Requires Adrenaline

Medication Risks		
On anticoagulants		On insulin
On anticonvulsants		On steroids
On immunosuppressants		On thyroxine

Record Allergies / Warnings not listed		

Anaphylaxis <i>(Please specify which allergies are Anaphylaxis)</i>		
Has been assessed by 'CARM' <i>(circle)</i>	Yes	No

Medications not engraved		
1.	5.	9.
2.	6.	10.
3.	7.	11.
4.	8.	12.

Please attach copy of the last prescription *(if required)*

Courier Address

Unit 1, 5 Gibbons Street  
Upper Hutt 5018

Seal envelope on all sides with tape

FreePost Authority No. 250068

Non Profit Charity

You can assist us to save our  
funds by affixing a stamp.





Reply

MedicAlert® Foundation New Zealand Inc  
PO Box 40028  
Upper Hutt 5140Find out more online: [www.MedicAlert.co.nz](http://www.MedicAlert.co.nz)

Recommended by the World Health and World Allergy Organisations

Tick the appropriate emblem, Emblems shown - not actual size.  
View entire range on our website.

## PATIENT EMBLEM SELECTION and PAYMENT

Product	Item#	Price	✓
	<b>Stainless Steel Classic</b>		
Petite Emblem Bracelet (48 characters only)	A156	\$75.00	
Small Emblem Bracelet	A492	\$75.00	
Large Emblem Bracelet	A491	\$75.00	
	<b>Stainless Steel Coloured Emblem</b>		
Small Red Emblem Bracelet	A126	\$59.00	
Small Blue Emblem Bracelet	A655	\$59.00	
Small Pink Emblem Bracelet	A658	\$59.00	
Large Red Emblem Bracelet	A091	\$59.00	
	<b>Sterling Silver Emblem</b>		
Petite Emblem Bracelet (48 characters only)	I400A	\$174.00	
Small Emblem Bracelet	I401B	\$218.00	
	<b>Neck Pendants and Dog Tags</b>		
Dog Tag Stainless Steel	A601	\$89.00	
Dog Tag Stainless Steel- Black	A600	\$89.00	
Round Pendant with Red Resin Coated logo	A017	\$59.00	
Stainless Steel Round Pendant Classic	A722	\$75.00	
Sterling Silver Pendant and Chain	I402	\$215.00	

**Note:** The standard finished length of chained product is 20cm. Prices include custom engraving and a FREE wallet card. Chains, clasps and emblems will vary based on selection. FREEPHONE 0800 840 111. Visit our website [www.medicalert.co.nz/net/products/](http://www.medicalert.co.nz/net/products/) to see our complete range of products, including sport bands, beaded emblems, 14ct gold emblems and watches.

## PAYMENT METHODS

☐ Online Banking☐ Visa ☐ Mastercard

Name of card holder: \_\_\_\_\_

Credit card number: \_\_\_\_\_

\_\_\_\_\_

Expiry date: \_\_\_\_\_

M M Y Y

CSV code: (back of card) \_\_\_\_\_

\_\_\_\_\_

## PLEASE SELECT YOUR ONGOING SERVICE PLAN:

☐ \$320.00 5 Year Advanced Protection service (discounted)☐ \$80.00 1 Year Annual Advanced Protection service☐ \$280.00 5 Year Patient Vital service (discounted)☐ \$70.00 1 Year Annual Patient Vital service

Service Fee: (Choose from a plan above)

\$ \_\_\_\_\_

Freight: (Standard fee)

+ \$12.00

Donation:

\$ \_\_\_\_\_

Product Cost:

+ \$ \_\_\_\_\_

TOTAL AMOUNT DUE:

= \$ \_\_\_\_\_