Best Practice Instructions for Primary Care Patient Experience Survey

In the Patient Details screen, click 'Enrol' to open up the patient's Enrolment Details. You may find it useful to reference whether the patient has been asked about taking part in the survey.

©= Patient Details										
<u>S</u> urname	JORDAN	•	Building/Box)	Providers	<u>Financial</u>	Family	Test
Title	Miss 👻 Sex F	-	No/Street	12	Pembroke Street	-	✓ Lead Provide	r		
Firs <u>t</u> Names	Keran	•	Suburb, City	Hamilton Lake	,Hamilton	-	🔒 Bull, Red	Gene	eral Practitioner	1* -
Middle name			Postcode	3204 New Z	ealand 💌 Che	ck eSam				
Birth	01/01/1988 28 Yrs		Ethnic <u>G</u> r.	African		<u> </u>				
N <u>H</u> I	ZAE7403 Ched	NHI	Birth Ctry.	Afghanistan		- +				Ŧ
File N <u>u</u> mber	143		Iwi		•	Enrol	New	Delete	Edit Re	ferrals
	Casual ?		Contact	Home 💌		â)	@Houston Sup	port:NZMC No	123456	
Employer		•	Contact 2	Busines:	2	<u>M</u>				
Occupation			Mobile Ph		e u	nasked pt In	Home 🔻 🛛	3 693 8366		🍳
			Contacts		0	pt Out	Busines:	3 693 8880		
Warnings		^	Deactive	ate on //						<u>^</u>
			Reason	I		-				-
		-					Usual Subsidi	ser/Item		
Eligible for public Health Funding Tags Subsidiser GMS ▼										
CSC Grp	1 CSC No					-	Item	Ŧ		
	Valid // E	xp /	1	Financial	y Dependent(At Sch	(loor				
History	Inc Supp			Hold Stat	ements Until / /				ок	Cancel
High User	HU No			Never pr	oduce statements					
History	Valid // E	xp /	1	Never ch	arge Statement Fee	s				

This opens a second window where you can enter the Patient's contact details they would like used for the patient experience survey in the Patience Preference Response section.

🗢 Patient D	etails		📴 Enrolment Details						
<u>S</u> urname	JORDAN	• <u>B</u> uilding	Details of Registration with Practice						
Title	Miss v Sex F	No/Stre	Registration Status Casual OK Print Eorm						
Firs <u>t</u> Names Middle name	Keran	Suburb Postco	Date Registered with Practice / / Cancel						
Bịrth	01/01/1988 28 Yrs	Ethnic	Details of Enrolment with PHO						
NHI	ZAE7403 Check I	NHI Birth C	Enrolment Status MOH Details X-Coordinate						
File N <u>u</u> mber	143	Iwi	PHO Enrolment Date / / Y-Coordinate						
	Casual ?	Conta	Mode of enrolment MeshBlock						
Employer		Conta	Enrolment End Date / / Uncertainty Code						
Occupation		Mobile	Termination Reason DHB Code						
<u>W</u> arnings		A D Reas	CBF Details Status is updated after every Import(Upload) from PHO Current Funding Status						
		-	Funding Started From / / To / / Last Download/Export 15/11/2012 Last Upload/Import 29/09/2006						
Eligible fo	or public Health Funding		Last Sync to NES						
CSC Grp	1 CSC No	_	Sample Funding Scenario						
History High Use History	Valid / / Ex Inc Supp	p / / /	Patient Preference Response Would you like to partake in a patient experience survey? C No Yes What is your preferred cell phone number to text the survey invitation co? 021 3456789 What is your preferred email address to send the survey invitation to? test@example.com						
		<u> </u>							