# Creating Your CareSelect Full Bio

Please fill in your details for your CareSelect Full Bio

When you’ve finished making changes please Save the document and then send it to careselect@healthlink.net

If you have any questions please email us at careselect@healthlink.net or call us on 0800 288 887

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| **Field** | **Enter Your Details Here** | **Example** |
| First Name | Click here to enter text. | Michelle |
| Last Name | Click here to enter text. | Souris |
| e-mail Address *Please only supply one. Also please make this a unique e-mail address, rather than your practice address, as this will be used as your secure login ID.*  | Click here to enter text. | Michel.Souris@acefertility.co.nz |
| Photo*Please supply an image that, for the more technical minded, is at least 600\*600 pixels, 150+dpi and in jpg format. If you’re not sure then send us the biggest image that you can and we’ll do the resizing for you.* |  |  |
| Logo *Your logo should be no bigger than 150\*100 pixels. Send us what you’ve got and we can resize it for you.* |  |  |
| Summary Description*A few lines about yourself and why you do what you do. This adds colour to your bio.**Try to keep your summary brief yet filled with the most relevant information related to yourself and your skills as this is what the GPs begin their assessment of you with.* | Click here to enter text. | I’m recognised as one of Auckland’s top fertility practitioners and have been in private practice since 2001. I am a Fellow of the Royal Australia and New Zealand College of Obstetricians and Gynaecologists.I have a particular interest in the reduction of caesarean rates in the Auckland region. Recently I’ve lectured both in NZ and overseas on the topic of preventing elective labiaplasty amongst young women. I’ve also published extensively on the subject of postpartum haemorrhaging and placenta previa within geriatric mothers.I am a Consultant Obstetrician and Gynaecologist at Westmere Central Hospital and the Medical Director of ACE Fertility based in Newmarket, Auckland.Having an open mind and being willing to work with the most challenging cases is central to my work.  |
| Procedures and Services*A Procedure is something that is invasive, such as an operation, mole removal or a colonoscopy.* *A Service is anything you provide that is not a Procedure, such as echocardiography, radiology or cardiovascular risk assessment.* | Click here to enter text. | Endometriosis SurgeryColposcopyHysteroscopic SurgeryMirena PlacementOvarian CystectomyTotal Abdominal HysterectomyVaginal HysterectomyDonor InseminationIntrauterine InseminationIn Vitro FerstilisationIntracytoplasmic Sperm Injection |
| Areas of Speciality*This is how you’ll be classified within CareSelect. The Medical Council website has a guide to the type of entry we’re looking for here* [*https://www.mcnz.org.nz/get-registered/scopes-of-practice/vocational-registration/types-of-vocational-scope/*](https://www.mcnz.org.nz/get-registered/scopes-of-practice/vocational-registration/types-of-vocational-scope/) | Click here to enter text. | Obstetrician, Gynaecologist |
| Areas of Interest*This is a list of medical conditions that you would like to receive referrals for. They are not Procedures or Services.* *For example your Interest might be “Infertility” while you might carry out a number of procedures or services such as “Intrauterine Insemination” or “In Vitro Fertilisation”.* | Click here to enter text. | GynaecologyObstetricsGeriatric ObstetricsInfertilityMenopauseVulval Conditions |
| Qualifications, Training & Experience.*List your medical qualifications, specialist training and experience here.* | Click here to enter text. | MB ChB 1991 MRCOG 1995 FRANZCOG 1999 After obtaining my Bachelor of Medicine and Bachelor of Surgery from Auckland University in 1991 I moved to London to work at the Kings College Maternity Hospital. After obtaining my MRCOG in 1995 I returned to Auckland to work at National Women’s Hospital. I was appointed FRANZCOG in 1999 and soon after entered private practice establishing ACE Fertility in partnership with Michael Raton.  |
| Associateships, Memberships and Partnerships*Please list all of your associateships, memberships and commercial partnerships.* | Click here to enter text. | Memberships* Fellow of Royal Australia and New Zealand College of Obstetricians and Gynaecologists
* Fellow of American College of Obstetricians and Gynecologists

Partnerships* Westmere Fertility Group
* Christchurch Maternity
 |
| Publications*Please list your medical publications. If your publications are too numerous to list then please note your most significant and provide a link to a website where the complete list can be viewed.**Suggested format:**Author 1, Author 2, etc.**Article/Publication Name**Publisher, Publication Details* | Click here to enter text. | Souris M, Raton MAspirin and Postpartum Haemorrhaging Amongst 36-45 Year Old MothersJ. NZ Obstetrics, 2005Souris MRates of Placenta Previa in Urban Geriatric Mothers between 2006-2008J. Aus Obstetrics and Gynaecology 2006 |
| Affiliated or Commercial Relationships*Don’t tell us where you practice but do list any other affiliations or commercial relationships that you feel should be highlighted, such as “Southern Cross Affiliated Provider” or “ACC Accredited Treatment Provider”.* | Click here to enter text. | Southern Cross Affiliated ProviderACC Accredited Treatment Provider  |
| Languages Spoken*Please list all languages that you’re conversant in.* | Click here to enter text. | French, Samoan, German |
| Website | Click here to enter text. | www.acefertility.co.nz  |
| Number of Days in Private Practice | Click here to enter text. | 5 |

Location 1 (This is your Main Location)

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| **Field** | **Enter Your Details Here** | **Example** |
| Location Name | Click here to enter text. | Ace Fertility |
| Messaging EDI | Click here to enter text. | acefert |
| Days of Week in Attendance | Click here to enter text. | Monday, Tuesday, Wednesday |
| Main Phone Number (include prefix) | Click here to enter text. | 09 323 4567 |
| Mobile Phone Number | Click here to enter text. | 022 123 456 |
| Location Fax Number (include prefix) | Click here to enter text. | 09 223 4567 |
| Location Address 1 (No PO Box Numbers) | Click here to enter text. | ACE Fertility  |
| Location Address 2 | Click here to enter text. | 13 Teed St |
| Location Suburb | Click here to enter text. | Newmarket |
| Location City/Town | Click here to enter text. | Auckland |
| Location Postcode | Click here to enter text. | 1023 |
| Do You Wish to Receive Referrals Here? | Choose an item. | Yes |

Location 2

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| **Field** | **Enter Your Details Here** | **Example** |
| Location Name | Click here to enter text. | Westmere Maternity |
| Messaging EDI | Click here to enter text. | westmat |
| Days of Week in Attendance | Click here to enter text. | Thursday |
| Main Phone Number (include prefix) | Click here to enter text. | 09 623 456 |
| Mobile Phone Number | Click here to enter text. | 022 123 456 |
| Location Fax Number (include prefix) | Click here to enter text. | 09 723 4567 |
| Location Address 1 (No PO Box Numbers) | Click here to enter text. | 288 Garnet Road |
| Location Address 2 | Click here to enter text. |  |
| Location Suburb | Click here to enter text. | Westmere |
| Location City/Town | Click here to enter text. | Auckland |
| Location Postcode | Click here to enter text. | 1022 |
| Do You Wish to Receive Referrals Here? | Choose an item. | Yes |

Location 3

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| **Field** | **Enter Your Details Here** | **Example** |
| Location Name | Click here to enter text. | Ponsonby General Hospital |
| Messaging EDI | Click here to enter text. |  |
| Days of Week in Attendance | Click here to enter text. | Friday |
| Main Phone Number (include prefix) | Click here to enter text. | 09 823 456 |
| Mobile Phone Number | Click here to enter text. | 022 123 456 |
| Location Fax Number (include prefix) | Click here to enter text. | 09 923 4567 |
| Location Address 1 (No PO Box Numbers) | Click here to enter text. | 126 Ponsonby Road |
| Location Address 2 | Click here to enter text. |  |
| Location Suburb | Click here to enter text. | Ponsonby |
| Location City/Town | Click here to enter text. | Auckland |
| Location Postcode | Click here to enter text. | 1021 |
| Do You Wish to Receive Referrals Here? | Choose an item. | No |

Location 4

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| **Field** | **Enter Your Details Here** | **Example** |
| Location Name | Click here to enter text. |  |
| Messaging EDI | Click here to enter text. |  |
| Days of Week in Attendance | Click here to enter text. |  |
| Main Phone Number (include prefix) | Click here to enter text. |  |
| Mobile Phone Number | Click here to enter text. |  |
| Location Fax Number (include prefix) | Click here to enter text. |  |
| Location Address 1 (No PO Box Numbers) | Click here to enter text. |  |
| Location Address 2 | Click here to enter text. |  |
| Location Suburb | Click here to enter text. |  |
| Location City/Town | Click here to enter text. |  |
| Location Postcode | Click here to enter text. |  |
| Do You Wish to Receive Referrals Here? | Choose an item. |  |

Location 5

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| **Field** | **Enter Your Details Here** | **Example** |
| Location Name | Click here to enter text. |  |
| Messaging EDI | Click here to enter text. |  |
| Days of Week in Attendance | Click here to enter text. |  |
| Main Phone Number (include prefix) | Click here to enter text. |  |
| Mobile Phone Number | Click here to enter text. |  |
| Location Fax Number (include prefix) | Click here to enter text. |  |
| Location Address 1 (No PO Box Numbers) | Click here to enter text. |  |
| Location Address 2 | Click here to enter text. |  |
| Location Suburb | Click here to enter text. |  |
| Location City/Town | Click here to enter text. |  |
| Location Postcode | Click here to enter text. |  |
| Do You Wish to Receive Referrals Here? | Choose an item. |  |