WAITAKERE i-MEDICAL CENTRE

PATIENT ENROLMENT FORM

123 Westcity Waitakere, Henderson, Auckland 0612
Phone: 09 5539588 Fax: 09 553 9589

*Compulsory fields. Anyone over age of 16 years must complete their own enrolment form

TITLE:	FIRST NAME(S): *	FAMILY NAME: *	NHI: (Office only)
OTHER NAMES KNOWN BY (e.g maiden name)		PREFERRED NAME:	GENDER: *
			Male Female Gender diverse: Please state:
DATE OF BIRTH: *		PLACE & COUNTRY OF BIRTH: *	OCCUPATION & EMPLOYER
Day Month Year _____/_______/______			

RESIDENTIAL ADDRESS *	STREET NUMBER	NAME OF STREET	SUBURB	CITY/TOWN	POSTCODE

POSTAL ADDRESS		HOME PHONE:	
		WORK PHONE:	
MOBILE	TICK BOX FOR NO TXT ○	COMMUNITY SERVICE CARD	CARD NUMBER EXPIRED DATE
Email		HIGH USER HEALTH CARD	CARD NUMBER EXPIRED DATE

EMERGENCY* CONTACT (NEXT OF KIN)	FULL NAME:	RELATIONSHIP:	PHONE NUMBER/OTHER DETAILS:

*Which ethnic group do you belong to? Tick the space or spaces which apply to you	Smoking Status	*Eligibility (see over page) I confirm that, if requested, I can provide proof of my eligibility. I agree to inform the practice of any changes in my eligibility.	
☐ New Zealand European	☐ Current	*Eligible under criteria (enter applicable letter from list over page)	*
☐ Māori Iwi:	☐ Ex-Smoker	**I have read and agree** to the Enrolment Process, the Health Information Privacy Poster/Statement, and Patient Experience Survey. (Tick)	*
☐ Samoan			
☐ Cook Islands Maori	☐ Never Smoked	NOT Eligible (Tick if not eligible under any criteria over page)	
☐ Tongan			
☐ Niuean	**Transfer of Records** ☐Yes ☐No ☐Not Applicable		
☐ Chinese	In order to get the best care possible, I agree to the transfer of my records from my previous Doctor. I understand I will be removed from their practice register. **Doctor's Name:** **Address / Location**: Phone/Fax:		
☐ Indian			
☐ Other such as DUTCH, JAPANESE, TOKELAUAN, FIJIAN Please state:			

*SIGNATURE	*DATE
	/ / Day Month Year

OR Signed by AUTHORITY[11] An authority is the legal right to sign for another person if for some reason they are unable to consent on their own behalf.

Full Name of Authority	Contact Phone Number	Relationship
Address	Signature of Authority	/ / Day Month Year
Detail the basis of authority (e.g. parent of a child under 16):		

PLEASE TURN OVER TO COMPLETE MANDATORY INFORMATION

* 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	☐	Evidence sighted (*Office use only*)

EXAMPLES: NZ PASSPORT OR PASSPORT & CURRENT VISA OR NZ BIRTH CERTIFICATE PLUS PHOTO ID. IF YOU HAVE NEITHER PLEASE TALK TO RECEPTION

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 on-going 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 the **Primary Health Organisation (PHO)** this practice belongs to, 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 agree with 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.

**If a person has an interim visa this means they are waiting for Immigration to finish processing an application as Immigration issues interim visas if the old visa has run out, but the new visa is still being processed. To determine the eligibility of an interim visa holder you should look at what their eligibility status was immediately prior to being issued the interim visa. For example, the person had a two-year work permit and has been issued with an interim visa while waiting for their application for another two-year work permit to be processed. Immigration usually issues Interim visas in a letter form.*