

# Patient Enrolment Form

(All fields marked with \* must be completed)



Surname:*		Title:	
Given Names:*		DOB:*	
<i>Include middle names</i>		/ /	
Gender:*	Male Female	Country of birth:*	Place of birth:*
<i>(Circle one) Gender Diverse</i>			
Address:*			
Postal Address <i>If different from physical address:</i>			
Occupation:		Employer:	
Email:			
Phone No:*	Hm	Wk	Mobile
Emergency Contact:		Relationship	Contact Number
NHI Number <i>(If known)</i>			
Community Services Card	Yes/No	Exp:	Number
High User Card	Yes/No	Exp:	Number
Smoking Status <i>(Please circle)</i> Current Smoker    Ex-Smoker    Never Smoked			
<i>If you are a smoker would you like assistance to quit:    Yes/No</i>			
<i>If you are an Ex-Smoker if you have the urge to restart contact us for help.</i>			

**I am eligible to enrol in a PHO. I choose to use this practice as my regular and ongoing provider of general practice/GP/first level primary health care services. I am eligible and entitled to enrol because I am residing permanently in New Zealand and I am a New Zealand citizen  OR meet one of the criteria laid out in the Eligibility Guide (on back) with the corresponding letter.**

- **I have read and 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 confirm** that if requested I can provide proof of my eligibility
- **I agree** to inform the Practice of any changes in my eligibility.
- **I understand** that by enrolling with this Practice, I will be enrolled with the Primary health Organisation (PHO) this Practice belongs to and my name, address and other identification details will be included on both the Practice and the PHO Enrolment Register.
- **I understand** that if I visit another 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 with the PHO, and their contact details.
- **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. This survey provides important information that is used to improve health services.
- **I agree** to receive text messages regarding appointment reminders, test results etc.
- I agree to receive emails from the Practice to my private email address, I am aware this is not a secure portal.

Which ethnic group do you belong to?  
*(Tick the space or spaces that apply to you.)*

New Zealand European

Maori  Iwi / Hapu: \_\_\_\_\_

Samoan

Cook Island Maori

Tongan

Niuean

Chinese

Indian

Other

**Patient Agreement\***

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Or signed authority for dependants under 16 years

Signed: \_\_\_\_\_  
(Relationship to patient)

Date: \_\_\_\_\_

## Enrolment Eligibility Questionnaire

Please ensure you enter one of the below letters onto the enrolment form as requested.

- A** I hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010) **OR**
- B** 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 **OR**
- C** 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 **OR**
- D** I am an interim visa holder who was eligible immediately before my interim visa started **OR**
- E** 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 **OR**
- F** 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**
- G** I am 18 or 19 years old and can demonstrate that on 15 April 2011 I was the dependent of an eligible work permit holder **OR**
- H** I am a New Zealand Aid Programme student studying in New Zealand and receiving Official Development Assistance funding (or their partner or child under 18 years old) **OR**
- I** I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme **OR**
- J** I am a Commonwealth Scholarship holder studying in New Zealand 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.*