

**MANGERE FAMILY DOCTORS PATIENT INFORMATION/ENROLMENT FORM**

215 Massey Road, Mangere, AUCKLAND 1072

Phone: 09 275 9977 Fax: 09 275 3353



**ONE FORM PER PATIENT PLEASE**

<b>Title</b>				<b>First* Name(s)</b>		<b>NHI*</b>			
<b>Preferred Name</b>						<b>Family Name*</b>			
<b>Gender*</b>				<input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Other Names Known By</b>		(e.g. maiden name)	
<b>Physical Address*</b>				Street number      Name of Street Suburb City/Town      Postcode		<b>Date of Birth*</b>		_____ / _____ / _____ Day      Month      Year	
<b>Postal Address</b>						<b>High User Health Card*</b>		YES / NO	
						<b>Card Number:</b>			
						<b>Expiry Date:</b>			
<b>Contact Details</b>				<b>Day Phone</b>		<b>Email</b>		<b>Cell Phone</b> tick box to accept txts <input type="checkbox"/>	
								<b>Occupation/Employer:</b>	
<b>Emergency contact</b>				<b>Name of person to contact</b>		<b>Phone number</b>		<b>Relationship</b>	

<b>Which ethnic group do you belong to?</b> Tick the space or spaces which apply to you *		<b>Smoking Status</b>		<b>Eligibility (see over page)*</b>	
<input type="checkbox"/> New Zealand European <input type="checkbox"/> Māori    Iwi: <input type="checkbox"/> Samoan <input type="checkbox"/> Cook Islands Maori <input type="checkbox"/> Tongan <input type="checkbox"/> Niuean <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Other such as DUTCH, JAPANESE, TOKELAUAN Please state:		<input type="checkbox"/> Current <input type="checkbox"/> Ex-Smoker <input type="checkbox"/> Never Smoked		I confirm that, if requested, I can provide proof of my eligibility. I agree to inform the practice of any changes in my eligibility. <input type="checkbox"/> Not Eligible *Eligible under criteria (enter applicable letter from list over page) I have read and agree with the Health Information Privacy Statement. (tick) *	
		<b>Transfer of Records</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			
		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. <b>Doctor's Name:</b> <b>Address / Location:</b> <b>Phone/Fax:</b>			
<b>SIGNATURE*</b>				<b>DATE*</b>	
				_____ / _____ / _____ Day      Month      Year	

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

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

**Please read this sheet and identify on your enrolment form which criteria provides your eligibility to funded health services**

**Enrolment in the Practice / Primary Health Organisation (PHO)**

I intend to use **this practice** as my regular and ongoing provider of general practice / GP / First Level primary health care services.

I am eligible to enrol because I live in New Zealand and meet one of the following criteria:

- a) I am a New Zealand citizen **OR**
- b) I hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010) **OR**
- 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 **OR**
- 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) **OR**
- e) I am an interim visa holder who was eligible immediately before my interim visa started **OR**
- 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 **OR**
- 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**
- h) I am 18 or 19 years old and can demonstrate that, on the 15 April 2011, I was the dependent of an eligible work permit holder **OR**
- i) 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) **OR**
- j) I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme **OR**
- k) 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.

**MY AGREEMENT TO THE ENROLMENT PROCESS**

**NB: Parent or caregiver to sign if you are under 16 years**

I choose to enrol with **this practice** as my regular and on going provider of general practice / GP / First Level primary health care services.

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 agree to inform the practice of any changes in my eligibility

**HEALTH INFORMATION PRIVACY**

I agree to the practice sharing my health information with other health providers involved in my healthcare.

I also agree to my information being used for practice quality/audit activities and to being included in the practice screening, recall and health programmes.

I have been informed of the Health Information Privacy statement posters

<sup>9</sup> The definition residing in NZ is that you intend to be resident in New Zealand for at least 183 days in the next 12 months

<sup>10</sup> 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.

<sup>11</sup>An authority is the legal right to sign for another person if for some reason they are unable to consent on their own behalf.