

# East Tamaki Healthcare -

(a part of National Hauora Coalition PHO)

## General Practice Enrol / Re-Enrolment Form

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

Title: Mr/ Mrs/ Ms/ Miss/ Dr/ \_\_\_\_

NHI No: \_\_\_\_\_

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Other Names (if any): \_\_\_\_\_

Gender: Male / Female

Address: Street: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Suburb: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Day Phone \_\_\_\_\_

A/Hours Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

I, \_\_\_\_\_ would like my GP - East Tamaki Healthcare to send me information about my results, recalls and other relevant health related matters electronically via: **Text Messages** - on my mobile no: \_\_\_\_\_ and / or via **Emails** - on my email address: \_\_\_\_\_

Community Services Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_

High User Health Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_

### Ethnicity: Choose as many as apply to you

NZ European	Tongan	Fijian	Other Pacific Island
NZ Maori	Niuean	Fijian Indian	Other Asian
Samoan	Chinese	Sri Lankan	Other European
Cook Island Maori	Indian	South East Asian	Other (specify) _____

### New Zealand Resident: Yes / No

I intend to use East Tamaki Healthcare 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: (Please tick the relevant category)

- 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 dependant 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 **OR**
- l) I am under the Commonwealth Scholarship and Fellowship Fund.

I confirm that, if requested, I can provide proof of my eligibility.

**Other Family Members:**

Last Name	First Name	Age	Date of Birth	Gender	NHI	Ethnicity	Country of Birth	NZ Resident
				M / F				Yes / No
				M / F				Yes / No
				M / F				Yes / No
				M / F				Yes / No
				M / F				Yes / No

**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 have read and understood the requirements of enrolling with one PHO and choose **National Hauora Coalition** to be my PHO.
- ✓ I have read and I agree with the Health Information Privacy Statement (overleaf).
- ✓ I agree to inform the practice of any changes in my eligibility.
- ✓ I authorise ETHC to pass on parts of my health information to the **Ministry Of Health**.
- ✓ I understand that relevant health information may be forwarded to other health professionals involved in the care.
- ✓ I also understand that it is my right under the Health Information Privacy Code 1994 to ask to see my personal or Health Information held by the doctor. I can ask for it to be corrected if it is wrong.
- ✓ I give permission for ETHC to get my medical records from my last doctor. (In order to get the best care possible, I agree to the Practice obtaining my records from my previous Doctor. I also understand that I will be removed from their practice register.

Name of Previous GP: \_\_\_\_\_

Address of Previous GP: \_\_\_\_\_

Signed \_\_\_\_\_

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

(Self or 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)

Full Name of Authority \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Detail the basis of authority (e.g. parent of a child under 16): \_\_\_\_\_

I understand that if I choose to see another doctor I will register at that practice as a Casual Patient

**(Casual Patients do NOT need to sign the form)**