

PATIENT ENROLMENT FORM

PATIENT DETAILS: (All fields marked with * must be completed)

Family Name:*		Given Name/s:*	
Date of Birth:*		NHI:	
Gender:*	M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>	Country of Birth:*	
If other gender please state:		Place of Birth:*	
Address:*		Postal Address: <i>(if different from physical address)</i>	

Email:*			
Phone Number/s:*	(h)	(w)	(mob)
Smoking Status: (please circle)	Current Smoker	Ex-Smoker	Never Smoked
Emergency Contact:		<i>Relationship:</i>	<i>Contact number:</i>
Community Services Card:	Y/N	<i>Exp:</i>	<i>#:</i>
Do you permit us to contact you by text message for things such as appointment reminders and/or inform you of normal test results?	Yes <input type="checkbox"/>		No <input type="checkbox"/>

*I am eligible to enrol in Compass PHO. I choose to use this Practice as my regular and on-going 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, 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. The survey provides important information that is used to improve health services.

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

▪ New Zealand European	
▪ Maori	
▪ Samoan	
▪ Cook Island Maori	
▪ Tongan	
▪ Niuean	
▪ Chinese	
▪ Indian	
▪ Other (such as Dutch, Japanese, Tokelauan) <i>Please state:</i>	

*SIGNED: _____ *DATE: _____

or *SIGNED AUTHORITY: _____ *DATE: _____ Relationship to Patient _____

Office use only:

Enrolling with Doctor: _____

Evidence /ID sighted: **Y / N / NA**

ENROLMENT ELIGIBILITY QUESTIONNAIRE

Please ensure you enter one of the below letters onto the front page of this 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 the 15 April 2011, I was the dependant of an eligible work permit holder
OR
- 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)
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 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.