ENROLMENT FORM

The Doctors Middlemore

215 Massey Road, Mangere, Auckland 2024
Phone: 09 275 9977 Fax:09 275 3353 Email:info@md.thedoctors.co.nz
EDI: mangere

				*NHI	
Title		*First Name(s)		*Family Name	
Other Names Known By (eg. maiden name, etc).				*Date of Birth	_____/_____/_____ Day Month Year
*Gender	☐ Male ☐ Female ☐ Gender Diverse (please state)			*Place & Country of Birth	
*Physical Address	Street number	Name of Street		Occupation/Employer	
	Suburb			*High User Health Card	Card No:
	City/Town	Postcode			Expiry Date:
Postal Address				Community Services Card	Card No:
					Expiry Date:
Contact Details	☐ Email (tick box to enrol on Manage My Health)			Home Phone:	Mobile No:
Emergency Contact (NOK)	Full name of person to contact			Relationship	Phone Number

*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.		
☐ Indian	**Doctor's Name:**		
☐ Other such as DUTCH, JAPANESE, TOKELAUAN, FIJIAN Please state:	**Address / Location**: Phone/Fax:		

*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):		

Office Use Only	NES	Trans in.	Alerts	MMH	NOK	Scanned	Checked by:

PLEASE READ THIS SHEET AND IDENTIFY ON PAGE 1 WHICH CRITERIA APPLIES

Enrolment in the Practice / Primary Health Organisation (PHO)

I am eligible to enrol because **I live in New Zealand**[9] 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[10] 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 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.

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 ongoing 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, PHO and National Enrolment Service Registers.

I have been given information about the benefits and implications of enrolment and the services this practice and the PHO provides, and their contact details.

I understand that my **first booked appointment** is **free**.

I understand that if I **visit another provider** where I am not enrolled, I may be **charged a higher fee**.

I understand that that I am **expected to pay** for my **medical service on the day of my visit** and that a **surcharge will be added** if I am unable to do so.

I understand that if **I transfer to another medical health provider within three months**, I will then be **charged** for my first visit at the clinic's **casual rate** and invoiced accordingly.

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 eligibility.

Health Information Privacy

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

[9] The definition residing is NZ is that you intend to be resident in New Zealand for at least 183 days in the next 12 months
[10] 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 two years 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.
[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.