

IMMIGRATION PATIENT INFORMATION FORM



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



* Name	Title	First Name(s)	Family Name	Other Names Known By (eg. Maiden name, etc).
* Birth details	Date of Birth Day Month Year		Place & Country of Birth	* Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Diverse (please state)

* Usual Residential Address	Street Number	Street Name	Suburb	City/Town	Postcode
Postal Address <i>(if different from above)</i>	Street Number	Street Name	Suburb	City/Town	Postcode

* Contact details	Mobile Number	Home Phone	Email Address		
* Emergency Contact	Full name of person to contact	Address		Phone number	Relationship
* Employer Details	Occupation	Employer Name		Employer Address	Employer Phone Number

IDENTITY DOCUMENT DETAILS	
Passport number	
Date of Issue	
Date of Expiry	
Issuing Country	

Please ensure that your Surname & First names are exactly the same as on your Passport!

***Please state your current visa status:** _____

PROPOSED VISA APPLICATION DETAILS - PLEASE CIRCLE ONLY ONE VISA TYPE UNDER THESE CATEGORIES

Work to Residence	Temporary	Residence
Worker	Visitor	Skilled/Business
Family of Worker	Student	Pacific Categories
	Worker WITH Job Offer	Family
	Worker WITHOUT Job Offer	Humanitarian UNHCR
		Humanitarian Other

IMMIGRATION PATIENT INFORMATION FORM



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



Required Certificates

- General Medical Certificate
- Limited Medical Certificate
- Chest X-ray Certificate

Additional Questions

How long do you intend to stay in New Zealand?

- Less than 6months 6 – 12months 12 – 24 months more than 24months

SPECIAL CONDITIONS FOR YOUR ACKNOWLEDGMENT:

\$50 additional fee will be applicable for the following conditions.

1. **DNA** – Failure to attend any booked appointments will incur an additional fee.
2. **Cancellation** – To cancel an appointment you must contact The Doctors Middlemore on 09 275 9977 minimum 2 hours prior to the appointment or email info@md.thedoctors.co.nz otherwise an additional fee will apply.
3. **False Information** – If you provide inaccurate data to The Doctors Middlemore and your Immigration Visa Application is declined by Immigration NZ – **Your fees are non-refundable.**

By signing this form below you are in acceptance of the above conditions and acknowledge that extra fees as applicable are payable at the time of service.

*SIGNATURE	*DATE
	Day / Month / Year

OR Signed by AUTHORITY¹¹ an authority is the legal right to sign for another person if for some reason they are unable to consent on their own behalf.

First Name		Surname	
Date of birth		Relation to Applicant	

**PARENT/GUARDIAN DETAILS (IF UNDER 18 YEARS OLD)*

Office Use Only	Payment received	Patient Information electronic update	Consent Form Signed and uploaded	Photo taken	2 nd Appt Booked