

[Legal] **FAMILY NAME:** **GIVEN NAMES:** **DOB:** **Gender [M/F/Gender Diverse]**

Place/Country of Birth: **NHI:**

Address:

Phone contacts: Home: Work: Mob: Email:

Community Service Card: YES/NO Card #: Expiry date

In case of emergency: Next of Kin: Relationship to you: Contact no: Home/ Mob

DO YOU SMOKE? YES NO (Ex-smoker- when?) NEVER

Ethnicity -Which ethnic group do you belong to? Mark the space/spaces that apply to you.

Currently recorded as:

New Zealand European

Maori

Niuean

Samoan

Indian

Cook Islands Maori

Chinese

Tongan

Other

I choose to enrol with this practice as my regular and on going provider of general practice services. I understand that by enrolling with this practice I will be enrolled with Procure Networks PHO, and my name, address and other identification details will be included on both the Practice and the PHO Enrolment Register. Each time I consult with this practice I confirm my enrolment, unless I advise otherwise, and I understand that if I visit another provider where I am not enrolled I may be charged a higher fee. I agree to the practice sharing my health information with other health providers involved in my healthcare. I have been given information about the benefits and implications of enrolment with the PHO and have read and agree with the Health Information Privacy Statement in the information booklet. I agree to inform the practice of any changes in my eligibility.

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 Dec 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 2years (previous permits included) OR
- e. I am an interim visa holder who is 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 old and in the care and control of a parent/legal guardian/adopting parent who meets on criterion in clauses-f above OR
- h. I am a NZ Aid Programme student studying in NZ and receiving 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.

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

Patient Survey - From time to time we may contact you and ask for your feedback on your experience of care. This provides important information which we use to improve health services. Participation is voluntary and anonymous. **I do / do not wish to participate in the Patient Survey - circle preferred**

SIGNED: **PRINT NAME:** **DATE**

or Signed by authority [eg parent of child under 16 years, guardian of adult in care]
 Previous Doctor or Practice name: Address: