# Langimalie clinics: Enrolment Form

**Po Box 13 569, Onehunga, Auckland 1643, 1 Fleming Street Onehunga Auckland 1061**
**Phone: 09 636-3629, Fax: 09 636 3229**

**EDI: langimal GP2GP:**
Dr Glenn Doherty 23768
Dr Glennis Mafi: 8048
Dr 'Akanesi Makakaufaki 44363

NHI* _____ Gender* ☐ Male ☐ Female

Title _____ First Name(s)* _____ Family Name* _____

Preferred Name _____ Other Names Known By _____

Date of Birth* _____/_____/_____ Place and Country of birth* _____

**Physical Address***

Street number _____ Street Name _____

Suburb _____ City/Town _____ Postcode _____

**High User Health Card*** ☐ Yes ☐ No Card Number _____ Expiry Date _____/_____/_____

**Community Services Card*** ☐ Yes ☐ No Card Number _____ Expiry Date _____/_____/_____

**Contact Details**

Day Phone _____ Night Phone _____

Cell Phone _____ Email _____

**Emergency contact**

Name of person to contact _____ Relationship _____

Phone number _____ Other contact details _____

**Which ethnic group do you belong to?**

Tick the space or spaces which apply to you*

- ☐ 11 New Zealand European
- ☐ 21 Māori Iwi:
- ☐ 31 Samoan
- ☐ 32 Cook Islands Maori
- ☐ 33 Tongan
- ☐ 34 Niuean
- ☐ 35 Tokelauan
- ☐ 42 Chinese
- ☐ 54 Other such as DUTCH, JAPANESE

_____

**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.

☐ Not Eligible

Eligible under criteria* (enter applicable letter from list over page)

☐ **I have read and agree** with the Health Information Privacy Statement.*

**Transfer of Records**

☐ Yes ☐ No ☐ Not Applicable

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.

Doctor's Name _____

Address / Location _____

Phone/Fax _____

**Smoking Status**

☐ Current ☐ Ex-Smoker ☐ Never Smoked

**I agree to pay for any current charges for services used. Unpaid debts will be referred to a collection agency. I understand that I am liable for any charges I incur in carrying collections services for any unpaid outstanding debts.**

Signature* _____ Date* _____

**OR Signed by 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 _____ Signature of Authority _____ Date _____

Detail the basis of authority (e.g. parent of a child under 16) _____

**See over page info sheet - for Eligibility and Health Information privacy statement**

**Please read this sheet and identify on your enrolment form which criteria provides your eligibility to funded health services**

## Enrolment in the Practice / Primary Health Organisation (PHO)

I intend to use **this practice** 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:

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 under the Commonwealth Scholarship and Fellowship Fund.

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

## 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 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.

**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 a two year 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.