Churton Park Medical Care

PATIENT ENROLMENT FORM – COMPASS HEALTH PHO

1. Personal Details

Title: **Family Name:**

First Name/s:

Preferred Name: **Occupation:** **Patient NHI**

Date of Birth / / **Gender:** **Male** **Female**

2. Contact Details

PHYSICAL ADDRESS:

Unit / House No: **Street:**

Suburb: **Town or City:** **Postcode:**

Work Phone: (0) **Home Phone:** (0) **Mobile Phone:**

POSTAL ADDRESS: (Complete if different from physical address)

PO Box or Address: **Town or City:** **Postcode:**

Are you happy to be contacted by text messaging Please circle **Yes / No**

3. Ethnicity

Country of Birth:

Which ethnic group do you belong to? (you may select more than one ethnicity):

- New Zealand European
- Maori
- Samoan
- Cook Island Maori
- Tongan
- Niuean
- Chinese
- Indian
- Other (such as Dutch, Japanese, Tokelauan)

4. Residential Status

NZ Resident Please circle **Yes / No**

Community Services Card Number: Expiry Date: / / Sighted: (Office Use Only) Yes No

High User Health Card No: / / Sighted: (Office Use Only) Yes No

****PLEASE TURN OVER****

5. Next of Kin / Emergency Contact Details

First and Family Name:

Relationship:

PHYSICAL ADDRESS:

Unit / House No: **Street:**

Suburb: **Town or City:** **Postcode:**

Work Phone: (0) **Home Phone:** (0) **Mobile Phone:**

SIGNED AUTHORITY – THE FOLLOWING MUST BE COMPLETED

I AM ELIGIBLE TO ENROL IN COMPASS HEALTH PHO

I intend to use **Churton Park Medical Care** as my regular and ongoing provider of general practice / GP / First level primary health care services.

I am eligible and entitled to be enrolled in this PHO as I am residing in New Zealand and meet one of the following criteria:

Please Circle as appropriate:

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 under 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

- **I intend to use this PHO as my preferred provider of Primary Health Services**
- **I understand** that by enrolling with this practice I will be enrolled with **Compass Health,** which is the Primary Health Organisation this practice belongs to, and my name, address and other identification details will be included on both the Practice and the **Compass Health** Enrolment Register.
- **I understand** that if I visit another provider where I am not enrolled I may be charged a higher fee
- **I have read and I agree** with the **Health Information Privacy Statement.**
- **I agree** to inform the practice of any changes in my eligibility

SIGNATURE: _____

Date of Signature: / /

OR Signed by AUTHORITY[1]

Name of Authority:

Relationship:

Address:

Contact Phone Number:

[1]An authority is the legal right to sign for another person if for some reason they are unable to consent on their own behalf.

A separate enrolment form is required for each patient including dependents
People 16 years or over are to complete and sign their own form