

PATIENT ENROLMENT FORM

PATIENT DETAILS: (All fields marked with * must be completed)

NHI #: _____

Family Name:*				First Name/s:*			
Gender:*	M	Date of Birth:*		Country of Birth:*	PLACE OF BIRTH:		
	F						
	Other						
Address:*	No./street*			Postal address (if different from physical address)			
	Suburb/City*						
Email address:	(If you are happy for us to contact you via email)						
Phone number/s:*	(h)	(w)		Smoking Status: (please circle)	Ex-Smoker	Current Smoker	Non-Smoker
	(cell)						
Emergency Contact:*	Name:		Relationship to you:		Contact number:		
Community Services Card:	Y / N	Exp:	/ /		High User Card	Y / N	Exp:
	#:			#:			

*I am eligible to enrol in Compass Health PHO. I choose to use this Practice as my regular and ongoing provider of general practice/GP/First Level primary health care services. I am eligible and entitled to enrol because I am residing permanently in New Zealand and I am a New Zealand Citizen ☐ **OR** meet one of the criteria laid out in the Eligibility Guide, with the corresponding letter: ☐

- I have read and agree to the terms in the Health Information Privacy Statement ☐
- I confirm that if requested I can provide proof of my eligibility ☐
- I agree to inform the Practice of any changes in my eligibility. ☐
- 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. ☐

*SIGNED: _____ *DATE: _____

or

*SIGNED AUTHORITY: _____ *DATE: _____

RELATIONSHIP TO PATIENT: _____

*Which ethnic group do you belong to?
Tick the space or spaces that apply to you

- New Zealand European ☐
- Maori ☐
- Samoan ☐
- Cook Island Maori ☐
- Tongan ☐
- Niuean ☐
- Chinese ☐
- Indian ☐

Other (such as DUTCH, JAPANESE, TOKELAUAN).
Please state:

- Iwi:

Do you permit us to contact you by text message for things such as appointment reminders and/or inform you of normal test results?* Yes ☐ No ☐

Office use only:

Enrolling with Doctor: _____

Evidence sighted: y / n / na