AVON MEDICAL CENTRE

Avon Medical Centre
8 Romeo St, P.O Box 90, Stratford 4352
Ph: 06 765 5454 **Fax:** 06 765 7900
After Hours - Healthline 0800 611 116

ENROLMENT FORM

Fields with * are compulsory	***Anyone over age of 16 years must complete their own enrolment form***	**NHI** *(Office use only)*

Legal Name	Title	* Given Name	*Other Given Name	* Family Name
Other Name(s) (eg. maiden name)			**Preferred Name(s)**	
Birth Details		* Day / Month / Year	* Place of Birth	* Country of birth
***Gender** you would like to be identified as	☐ Male ☐ Female ☐ Gender Diverse (please state)		**Sex** (at birth) ☐ Male ☐ Female	
Occupation & Employer details				

Usual Residential Address	* House (or RAPID) Number & St	* Suburb/Rural Location	* Town / City & Postcode
Postal Address (if different from above)	House Number & St Name or PO Box	Suburb/Rural Delivery	Town / City & Postcode

Contact Details	Work Phone	Mobile Phone	Home Phone	Email Address
Emergency Contact/NOK	Name	Relationship		Mobile (or other) Phone

Community Services Card	☐ Yes	☐ No	Expiry Day / Month / Year	Card Number
High User Health Card	☐ Yes	☐ No	Expiry Day / Month / Year	Card Number

*** Ethnicity Details**

Which ethnic group(s) do you belong to?

Tick the space or spaces which apply to you

- ☐ 11 **New Zealand European**
- ☐ 21 **Maori** Iwi _____
- ☐ 31 **Samoan**
- ☐ 32 **Cook Island Maori**
- ☐ 33 **Tongan**
- ☐ 34 **Niuean**
- ☐ 42 **Chinese**
- ☐ 43 **Indian**
- ☐ **Other** (such as Dutch, Japanese, Tokelauan)

Please state

Smoking is an important factor influencing health
If you are aged 15 and over please tick the space that applies for you

- ☐ Currently smoke
- ☐ Recently quit
- ☐ Ex-smoker (over 1 year)
- ☐ Never smoked

Smoking is hugely negative on your good health. In most cases, you will experience the benefits of quitting immediately.

If you currently smoke, would you like some help to quit?

☐ Yes ☐ No

* My declaration of entitlement and eligibility

I am entitled to enrol because I am residing permanently in New Zealand. *The definition of residing permanently in NZ is that you intend to be resident in New Zealand for at least 183 days in the next 12 months*	☐

I am eligible to enrol because:

a	**I am a New Zealand citizen** *(If yes, tick box and proceed to **I confirm that, if requested, I can provide proof of my eligibility** below)*	☐

If you are **not a New Zealand citizen** please tick which eligibility criteria applies to you (b–j) below:

b	I hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010)	☐
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	☐
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)	☐
e	I am an interim visa holder who was eligible immediately before my interim visa started	☐
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	☐
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** in the control of the Chief Executive of the Ministry of Social Development	☐
h	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)	☐
i	I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme	☐
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	☐	Evidence sighted (*Office use only*)

My agreement to the enrolment process

NB. Parent or Caregiver to sign if you are under 16 years

I intend to use this practice as my regular and on-going provider of general practice / GP / health care services.

I understand that by enrolling with this practice I will be included in the enrolled population of this practice's Primary Health Organisation (PHO) Midlands Regional Health Network Charitable Trust, and my name address and other identification details will be included on the Practice, PHO and National Enrolment Service Registers.

I understand that if I visit another health care 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 and the services this practice and PHO provides along with the PHO's name and contact details.

I have read and I agree with the Use of Health Information Statement. The information I have provided on the Enrolment Form will be used to determine eligibility to receive publicly-funded services. Information may be compared with other government agencies, but only when permitted under the Privacy Act.

I understand that the Practice participates in a national survey about people's health care experience and how their overall care is managed. Taking part is voluntary and all responses will be anonymous. I can decline the survey or opt out of the survey by informing the Practice. The survey provides important information that is used to improve health services.

I agree to inform the practice of any changes in my contact details and entitlement and/or eligibility to be enrolled.

Signatory Details	* **Signature**	* **Day / Month / Year**	☐ **Self Signing**	☐ **Authority**

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

Authority Details *(where signatory is not the enrolling person)*	Full Name	Relationship	Contact Phone
	Basis of authority (e.g. parent of a child under 16 years of age)		

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Patient Registration Request for Avon Medical Centre

Thank you for your interest in becoming registered. We aim to provide the highest quality of comprehensive medical care from our dedicated team. Please read through the enclosed booklet outlining our clinic, staff and services.

As part of our comprehensive approach to health care, the first full consultation with new patients' needs to be longer than a usual consultation to allow the accurately checking and documenting past medical history along with any current problems. There is significant data to be established within our computerised patient notes to ensure important medical considerations are not overlooked during the transition from practice to another. To allow this process we book a double appointment for all new adult patients. This does attract an increased fee for this first consultation of $70 or $55 with a Community Services card, however it provides a safe and thorough starting point for your medical care. If the physical past medical records are not yet available from your previous Doctor we will go through them once they arrive.

Please read through the following Terms of trade and when you wish to proceed with registering, complete this form, the accompanying Primary Health Organisation (PHO) Enrolment forms and send or give to reception at Avon Medical Centre.

Each adult, aged over 16years, must complete this form separately.

I ..... Date of Birth: / / (DD/MM/YYYY)

Hereby request to become a registered patient at Avon Medical Centre

I acknowledge and understand that by making this request I agree to enrol with the associated Primary Health Organisation (PHO). By doing this I will be eligible for the Government subsidies for health care.

For New Zealand Citizens

- A New Zealand passport OR
- A New Zealand Birth Certificate (or Cook Island, Niue or Tokelau Birth Certificate) AND one form of photo ID
- A New Zealand Certificate of Citizenship AND one form of photo ID ·•-A-Descent Registration Certificate AND one form of photo ID
- Evidence the person is currently getting a social security benefit (except emergency benefit) AND one form of photo ID

For Foreign Nationals

- Must show a passport with relevant Visa/Permit
- Australian citizens must provide proof that they intend to stay in New Zealand for at least 2. consecutive years.

I agree to comply with the Terms of Trade of Avon Medical Centre with include:

- The first consultation for Adult patients attracts an increased fee to allow for the double consultation to conduct a comprehensive medical history review, update of electronic records, medications, allergies etc. to ensure that Avon Medical Centre have all necessary information to ensure the best patient care. I understand that this first consultation must be paid in its entirety at the time of the consultation.
- I agree to advise the Medical Centre of any change of address or contact details and failing to do so may result in my enrolment status with the PHO being changed by the Ministry of Health. Government subsidies are then withdrawn by the Ministry of Health which will result in higher consultation charges until such time as that status can be updated, typically 3 months.
- I understand that I have a responsibility to attend for consultations, if requested, before the prescribing of repeat routine medications.
- I understand that I will be charged a cancellation fee if I do not attend an appointment or cancel within 3 hours of the appointment time.
- I agree to comply with the financial requirements that includes payment on the day of consultation (unless prior arrangement is made).
- I agree to be financially responsible for any collection costs that may be incurred through late payment of monthly accounts. This includes repeat prescription charges faxed to Pharmacies.
- I agree to treat the Medical, Nursing and Administrative staff with respect and in a polite manner at all times.

I understand that a breach in the above Terms of Trade may result in a written request for me to transfer my care to another medical centre. I agree to do this within three weeks. I also agree that I would be de-registered at Avon Medical Centre in this circumstance.

Signed ..... Date…….