

If you are a **NZ student who wishes to stay enrolled with your own GP** and use Massey Student Health as a casual patient, or you are an **International Student**, please complete the details below & return to Student Health Reception or email to: [studenthealth.wellington@massey.ac.nz](mailto:studenthealth.wellington@massey.ac.nz)  
(Where there is a choice of answers tick (✓) those which apply to you).

**PERSONAL DETAILS**

**Student ID Number:** .....

**First Name** (in full): ..... **Surname:** .....

Other Names (ie Maiden Name):..... Preferred or English Name: .....

**NZ Address:** .....  
.....

**Date of Birth** (dd/mm/yyyy): ..... **NZ Mobile:** .....

☐ Please tick if you **DO NOT** give permission for the Health & Counselling Centre to text your mobile phone

**Sex at birth:** Male ☐ Female ☐ **Gender Identity:** ..... **Pronouns:** .....

**Email:** ..... **NHI Number (if known):** .....

**NZ Emergency Contact/Next of Kin:** Name: ..... Relationship ..... Phone: .....  
(someone living in NZ, can be a friend with NZ phone number)

**New Zealand Citizen / Permanent Resident:** Yes ☐ No ☐

**Ethnicity:** (tick which apply)

- |                                         |                                                         |                                                    |
|-----------------------------------------|---------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> NZ European    | <input type="checkbox"/> Māori (please state iwi) ..... | <input type="checkbox"/> Samoan                    |
| <input type="checkbox"/> Fijian         | <input type="checkbox"/> Cook Island Māori              | <input type="checkbox"/> Tongan                    |
| <input type="checkbox"/> African        | <input type="checkbox"/> Chinese                        | <input type="checkbox"/> South East Asian          |
| <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> European                       | <input type="checkbox"/> Other (please state)..... |
|                                         |                                                         | <input type="checkbox"/> Niuean                    |
|                                         |                                                         | <input type="checkbox"/> Indian                    |

**Course:**

- |                                                       |                                                 |                                                         |                                       |
|-------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Internal Student             | <input type="checkbox"/> Distance Student       | <input type="checkbox"/> Undergraduate                  | <input type="checkbox"/> Postgraduate |
| <input type="checkbox"/> Humanities & Social Sciences | <input type="checkbox"/> Design/Fine Arts/Music | <input type="checkbox"/> Health                         |                                       |
| <input type="checkbox"/> Business / Aviation          | <input type="checkbox"/> Engineering            | <input type="checkbox"/> ESOL (English Language School) |                                       |
| <input type="checkbox"/> Education                    | <input type="checkbox"/> Science                | <input type="checkbox"/> PACE                           |                                       |

**Consent for the collection, use & release of information:**

- ☐ I consent to Massey Student Health & Counselling requesting a copy of my medical history from my current GP to ensure ongoing continuity of care.
- PMS Front Page (including regular medications & dose); Medicine allergies; Immunisation history

I authorise the collection, use and release of any information about me to the extent that is needed to assess and manage my health care. I understand that this authority relates to all aspects of my health care including screening, recall activities and counselling, while under the care of the Health & Counselling Centre including external and internal agencies such as the Ministry of Health, hospitals, specialists, ACC, PHO and other medical and mental healthcare providers.

I understand that Massey University Health & Counselling Centre will at all times comply with the guidelines of the Privacy Act 2020 and Health Information Privacy Code 2020.

I understand that this practice is entitled to charge a fee for the health and counselling services it provides and that I agree to pay such costs according to the policy of the practice including any additional costs associated with the collection of overdue or unpaid accounts. In the event of an ACC claim being declined I agree to pay the balance of the fee owing.

**Signature:** ..... **Date:**.....

*Please turn over & complete Medical History*

# MEDICAL HISTORY

## REGULAR DOCTOR:

**NZ Students:** Who is your regular doctor (*GP Name, Practice Name, Town/City*): .....  
..... Telephone: .....

**International Students:** Have you seen another Doctor or Medical Centre since you have been in New Zealand?

No ☐ Yes ☐ If Yes, where were you treated? .....

## PERSONAL HISTORY: Please tick & enter details of any disease you have had in the past, or have now:

- |                                                                           |                                                                         |                                                          |                                   |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Asthma                                           | <input type="checkbox"/> Diabetes                                       | <input type="checkbox"/> Epilepsy                        | <input type="checkbox"/> Migraine |
| <input type="checkbox"/> Psychiatric Condition<br>(eg depression/anxiety) | <input type="checkbox"/> Cardiac Condition<br>(eg murmur, hypertension) | <input type="checkbox"/> Other disease<br>(eg hepatitis) | <input type="checkbox"/> Other    |

If you have ticked any of the above, or had any operations, please provide additional details:.....  
.....

## Allergies: Are you allergic to any medicines, tablets, injections or anything else eg bees?

No ☐ Yes ☐ If Yes, please enter details? .....

| ALLERGIES     | DETAILS/REACTION TO MEDICATION |
|---------------|--------------------------------|
| Drug Allergy  |                                |
| Other Allergy |                                |

**Do you have a disability?** No ☐ Yes ☐ If Yes, please provide brief details? .....  
.....

## Medication

List all the medications you are taking including any supplements and medicine bought from a Pharmacy

.....

**Alcohol:** How many alcoholic drinks do you have in a week: ☐ None ☐ 1-4 ☐ 5-10 ☐ >10

**Smoking Status:** No Never Smoked ☐ Ex-Smoker ☐ Date quit: .....  
Current Smoker ☐ Approx. .... smoked per day

### If Current Smoker:

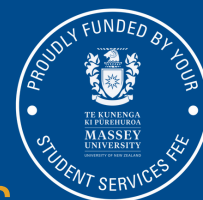
The best advice we can give you for your health and well-being is to quit smoking. Here at the Massey University Health Centre we can help you on your journey to wellness. Please tick if you would like to be contacted for support to quit smoking.

- ☐ Yes, to be contacted  
☐ No, no contact at this time (you may be asked again in the future)

## Family History: Has any blood relative had any of these diseases? (*Please state relative eg father and give details*)

| DISEASE             | RELATIVE | DETAILS | DISEASE               | RELATIVE | DETAILS |
|---------------------|----------|---------|-----------------------|----------|---------|
| Asthma              |          |         | Epilepsy              |          |         |
| Diabetes            |          |         | Psychiatric Condition |          |         |
| High Blood Pressure |          |         | Blood clots           |          |         |
| Heart Attack        |          |         | Migraine              |          |         |
| Stroke              |          |         | Other                 |          |         |
| Cancer              |          |         |                       |          |         |

Write any further details here .....



# Student Health and Counselling INFORMATION FOR INTERNATIONAL STUDENTS

## STUDENT HEALTH

You need to register with Student Health before you can see a doctor or nurse. Register before you get sick otherwise there could be a delay in getting an appointment.

- Forms can be found on the Massey website by scanning the QR code
- Families of International Students may be able to register, please check with your campus Health Centre.

### ENROLMENT FORM



### Opening hours

- 8.30am – 4.30pm, Monday – Friday (closed weekends and public holidays)

### Afterhours

- Please visit the Massey website for a list of afterhours services. You will need to pay upfront then lodge an insurance claim. Ensure you keep your receipt and obtain a copy of your medical consultation notes to process your claim.

### AFTER-HOURS CARE



### Helpful info you can bring with you for your New Zealand Doctor

- A list of your current medications (including dosage and purpose)
- A copy of your vaccination record
- Any relevant letters from your healthcare provider.

### Medications

- If you are currently taking ADHD, antidepressant or any other medication, consult your current doctor to determine which medications can be prescribed in New Zealand. You may need to see a specialist to prescribe your medication and the current wait time can be up to 6-9 months to be seen. See pre-existing conditions under insurance.
- Only doctors registered in New Zealand can prescribe here.
- It is illegal for your parents to pick up medication at home and post it to you.

## STUDENT COUNSELLING

The Counselling service can help you cope with the emotional and psychological difficulties of living in a new community and dealing with academic pressures.

- You are eligible to use this service if you are a student currently living in New Zealand
- Covered by your insurance so no cost to you (there is a fee for missed appointments)
- To request a counselling appointment, scan the QR code.

### COUNSELLING APPOINTMENT FORM





STUDENTS SAFE



## INSURANCE

- As an International Student, you are automatically covered by Studentsafe Insurance when you accept your Offer of Place at Massey
- Cover starts 31 days prior to your course start date and covers you for your time here in New Zealand, as long as you are on a Student Visa and are studying.
- If you choose to use a different insurance company, you have to arrange this yourself within 2 weeks of arriving in New Zealand.

**Free Consultations:** Standard doctor and nurse consultations that meet an approved criteria will be billed directly to Studentsafe so there will be no charge to you.

**Pre-existing Conditions:** Medical conditions you had before arriving in NZ, including those you were aware of but didn't seek treatment for, are not automatically covered by the Studentsafe Inbound University policy. You can apply for additional cover for an extra premium if the insurer agrees. Failing to disclose pre-existing conditions may leave you uncovered for large medical bills if you require treatment while in New Zealand. This will not cover any regular health check-ups or repeat medications related to your original conditions, it only covers if your conditions get worse while you are in NZ. You will need to pay for these doctor/nurse consultations and claim back from Studentsafe yourself.

***If you require cover for your pre-existing medical conditions, you must complete the Medical Risk Assessment form and email to [medicalassessments@allianz-assistance.co.nz](mailto:medicalassessments@allianz-assistance.co.nz) within 31 days of your course start date.***

Anxiety and depression are considered pre-existing but may be automatically covered under your policy. Please refer to the Policy Wording on the Studentsafe website for full terms, conditions, exclusions, limits that may apply.

**Not Covered:** The following conditions are not covered and must be paid by you at the time of the consultation:

- Pre-existing conditions that you do not have additional cover for, including asthma, acne, hair loss or diabetes.
- Weight reduction that does not relate to a medical condition.
- Routine or preventative vaccinations, health screening, Aegrotat, mole mapping, mammograms, pap smears, and any test where there are no underlying symptoms requiring diagnosis.
- Contraception (not relating to medical condition), pregnancy, childbirth, abortion, infertility, sterilisation or sexually transmitted infections.
- Misuse of drugs or alcohol.

**Additional Benefits:** The following is also included under your policy but you need to pay for it then claim back from your Studentsafe insurance: \$300 sexual health / \$500 alternative medical treatment / \$200 optical / \$500 emergency dental / \$2000 incidental hospital expenses.

STUDENTS SAFE CLAIMS

