



**GP2GP mailbox: newunion Provider: Massey Wellington NZMC: \*\*\*\*\* (5 asterisks)**

# PATIENT ENROLMENT FORM (please return by email to: shcwgt@massey.ac.nz)

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

**NHI #:** \_\_\_\_\_

<b>Family Name:*</b>				<b>First Name/s:*</b>			
				<b>Preferred Name</b>			
<b>Gender:*</b>	<b>M / F</b>	<b>Date of Birth:*</b>	/ /	<b>Country of birth*</b>	<b>First language if not English</b>		
		<i>Sex Label assigned at birth</i> <b>M/F</b>	<i>Gender Identity</i> <b>Pronoun/s</b>				
<b>Wellington Address:*</b>	<b>No./street*</b>			<b>Previous Doctor or Medical Centre</b>			
	<b>Suburb/City*</b>						
<b>Phone number/s:</b>	<b>Email Address:</b>			<b>Smoking Status: (please circle)</b>	<b>Ex-Smoker</b>	<b>Current Smoker</b>	<b>Non-Smoker</b>
	<b>Mobile</b>	<b>Home phone</b>					
<b>Next of Kin Legal contact</b>	<b>Name:</b>		<b>Relationship to you:</b>		<b>Contact number:</b>		
<b>Community Services Card:</b>	<b>Y / N</b>	<b>Exp:</b>	/ /	<b>Student ID</b>			
	<b>#:</b>						

I am entitled to enrol in Tū Ora 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 and am residing permanently in New Zealand (183 days or more). ☐

I am eligible to enrol because I am a New Zealand Citizen ☐  
OR meet one of the criteria laid out in the Eligibility Guide (page 2).  
Please write the corresponding letter in the box here:

- 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:** \_\_\_\_\_

➡ I authorise you to obtain my previous medical records from my former GP YES/NO

➡ I confirm I wish to be enrolled patient at this practice YES/NO

## \*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 informing you of normal test results & recalls? (Please circle)

**Yes No**

## Course: (Please circle)

- Business/Screen Arts/Comms
- Nursing/Health
- Humanities/Social Science
- Education
- Science
- NZ Drama/Dance School
- Design/Fine Arts/Music
- Extramural/Distance Learning

## ENROLMENT ELIGIBILITY GUIDE

***Please ensure you enter one of the below letters onto the enrolment form as requested.***

I am eligible to enrol because:	
a	I am a New Zealand citizen ( <i>incl people from the Cook Islands, Niue or Tokelau</i> )
If you are <b><u>not</u></b> a New Zealand citizen please pick 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 <b>OR</b> in the control of the Chief Executive of the Ministry of Social Development
h	I am a NZ Scholarship 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

## Health Questionnaire

NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

Please circle the appropriate answers:

### 1. SMOKING HISTORY

Are you a smoker?      Yes                      No                      Ex-smoker - Quit date: \_\_\_\_\_

If YES, how many cigarettes do you smoke each day?

1-5

6-10

11-20

21+

### 2. ALCOHOL

How often do you drink alcohol?

Never

Occasionally

Weekly

Most days

Daily

How many alcoholic drinks do you have, on average, when drinking?

None

1-2

3-6


7-9

9+

### 3. ALLERGIES

Are you allergic to any medicines, tablets or injections?      Yes                      No

If YES, please give details \_\_\_\_\_

	<i>MyIndici is a secure patient portal where you can access your health records, view test results and order repeat prescriptions via an app on your phone or computer.</i>	
	<input type="checkbox"/> Yes, please send me registration details	<input type="checkbox"/> No, not interested

## Health Information Privacy Statement

### I understand the following:

1. This practice works with Tū Ora Compass Health PHO, a not for profit organisation that supports the delivery of health care services across the Wellington, Porirua, Wairarapa and Kāpiti areas.
2. The information I provide when I enrol at this practice is shared with Tū Ora and Te Whatu Ora - Health New Zealand to establish my eligibility for subsidised health care. When relevant to my subsidy eligibility, information may also be shared with other government agencies such as Immigration NZ and Ministry of Social Development.
3. My health information such as diagnoses, test results, prescribed medications, immunisations, investigations such as breast screening, and other clinical and administrative data may be shared with Tū Ora to enable them to:
  - Provide feedback to GPs, nurses and others in my practice
  - Plan, deliver, fund, monitor, and improve health services
  - Contact me in relation to services I have used, or may wish to use.
4. My health information may be shared with other health professionals who are involved in my care. It may also be shared with health agencies involved with publicly funded programmes, including Breast Screening, Bowel Screening, Immunisation and Diabetes.
5. An electronic “Shared Care Record” allows authorised health care providers, such as afterhours GPs and hospital clinicians’, access to a summary of my health information, including laboratory test results, medical conditions, allergies, and prescribed medications. I can choose to opt out, but that will mean clinicians involved in my care will not have access to important health information.
6. If I am under 18, or have a High User Health Card, or Community Services Card, and I visit a GP who is not my regular doctor, this practice will be informed of the date of that visit. The name of the practice I visited and the reason for the visit will not be disclosed unless I give my consent.
7. When this practice is audited, I may be contacted by the auditor to check that I have received services. If the audit involves viewing my health information, only an appropriately qualified health care practitioner will view my health records.
8. If approved by an Ethics Committee, health information that does not identify me may be used for health research.
9. I have the right to access my health information held by this practice and Tū Ora. I have a right to ask for it to be corrected if I think it’s wrong.
10. My health information will only be held by Tū Ora as long as necessary for it to perform its necessary functions.
11. I understand that individuals and organisations that may have access to my health information are subject to the Health Information Privacy Code, and are required to keep my information secure.

Office of the Privacy Commissioner | Health Information Privacy Code 2020

For more information on health information collected by Tū Ora see: [www.tuora.org.nz](http://www.tuora.org.nz)