



GP2GP mailbox: newunion Provider: Massey Wellington NZMC: *****

PATIENT ENROLMENT FORM

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

NHI #: _____

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

*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:** _____

- 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
 - Humanities and social science
 - Education
 - Science
 - NZ Drama/Dance School
 - Design/Fine Arts/Music
 - Extramural/Distance Learning