14-18, Athelstan Street, Christchurch. Ph: 03 332 3069 Fax: 03 332 8562	**ENROLMENT FORM** March 2018 *Mandatory Details *Anyone over the age of 16 years must complete their own enrolment form*	Pegasus™

Practice Name* Barrington Medical Centre	**Doctor Name** **EDI: bmcchch**	*NHI *(Office use only)*

Legal Name* (Title)	*Given Name	*Other Given Name(s)	*Family Name	
Other Name (s)	Other Name	Other Given Name(s)	Other Family Name (eg. maiden name)	
Preferred Name	Preferred Name	***Date of Birth** Day / Month / Year of Birth	*Place of Birth	*Country of Birth
Gender*	☐ Male ☐ Female ☐ Gender diverse (please state)		Occupation	

Usual Residential Address*	House (or RAPID) Number and Street Name	Suburb	Town / City and Postcode
Postal Address (if different from above)	House Number and Street Name or PO Box Number	Suburb	Town / City and Postcode

Contact Details	Mobile Phone	Home Phone	Email Address
Emergency Contact*	Name	Relationship	Mobile (or other) Phone

Community Services Card	☐ Yes	☐ No	Day / Month / Year of Expiry	Card Number	
High User Health Card	☐ Yes	☐ No	Day / Month / Year of Expiry	Card Number	
Smoking Status*	☐ Smoker	If yes, would you like any support to quit? ☐ Yes ☐ No	☐ Ex-Smoker Less than 15months ago	☐ Ex-Smoker More than 15months ago	☐ Never Smoked

Ethnicity Details*
Which ethnic group(s) do you belong to?
Tick the space or spaces which apply to you

- ○ New Zealand European
- ○ Maori — Iwi: _____
- ○ Samoan
- ○ Cook Island Maori
- ○ Tongan
- ○ Niuean
- ○ Chinese
- ○ Indian
- ○ Other (such as Dutch, Japanese, Tokelauan). Please state; ☐

Transfer of Records	*In order to get the best care possible, I agree to the Practice obtaining my records from my previous Doctor. I also understand that I will be removed from their practice register.*		
	☐ Yes, please request transfer of my records	☐ No transfer	☐ Not applicable
	Previous Doctor and/or Practice Name	Address / Location	

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 Pegasus Health Charitable Ltd PHO (Primary Health Organisation) 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)		

New Patient Appointments:

Patients who are aged 45 years and over are required to have an appointment with our Health Care Assistant to update their health information. There is a $20.00 charge for this appointment. Please arrange an appointment time with reception.

Do you have an impairment and require assistance e.g. deaf, hearing impaired, deaf/blind or speech impaired?

If yes please state what impairment: ☐ Yes ☐ No

Do you require the services of an Interpreter if English is not your first language?

☐ Yes ☐ No

If yes please state what language is required so we can arrange an Interpreter for you:

Proof of Eligibility:

Our reception team are responsible for managing enrolment and legally they have to be sure that they are enrolling New Zealand citizens or an eligible person. We require proof of eligibility for new enrolments for patients over the age of 18, including New Zealand Citizens. This information will be copied and scanned onto your patient file. We require the following documentation at the time of enrolment.

New Zealand Citizens:

If you are residing permanently in New Zealand and are a New Zealand Citizen, **proof of eligibility** can be one of the following;

NZ Passport, NZ Birth Certificate (or Cook Island, Niue or Tokelau birth certificate), NZ Certificate of Citizenship, A Descent Registration Certificate, evidence you are currently getting a Social Security Benefit (except emergency benefit)

AND two forms of supporting identity documentation - one needs to have a photograph of you.

Examples of Identity Documents include;

- A drivers licence
- An 18+ card
- An employment contract, a rental agreement or letters addressed to you at your current address
- A Community Services Card or Supergold Card
- A school/tertiary ID card

Permanent Residents and Foreign Nationals:

A New Zealand resident who has a resident visa or a permanent resident visa, is eligible for publicly funded health and disability services. Proof of eligibility can be one of the following;

Valid Passport with a Resident visa (or Residence permit if issued before 29 November 2010) OR Permanent resident visa OR Certificate of Identity issued under the Immigration Act 2009 OR evidence you are currently getting a Social Security Benefit (except Emergency benefit).

Foreign Nationals require a current Work Visa that allows for a total continuous stay of at least 2 years from **date of arrival** into New Zealand.

Australian Citizens or Australian Permanent Residents, require an Australian, or other Passport, with Australian Permanent Resident/Resident Return Visa AND evidence that NZ is their principal place of residence for at least 2 years **from arrival date** in NZ (eg employment or house purchase).

ALL of the above REQUIRE two forms of supporting identity documentation – one needs to have a photograph of you. (see examples of identity documents listed above).

Terms of Trade:

Payment is expected at the time of consultation or service. A discount of $5.00 will be given for payment on day of consultation. Fees may be varied up or down depending on the complexity of the consultation or services required. New and Casual patients will be asked to pay prior to their consultation. A non attendance fee of $30.00 will be charged for appointments that are cancelled without sufficient notice. Accounts that remain unpaid 30 days after payment is due, may be lodged with a Debt Collection Agency. If your financial situation prevents you from making payment, please see Reception to make arrangements to pay off your account. Accounts can be made via internet banking 03 1594 0019159 00

Office Use Only: Staff to initial next to each box when completed:

Enrolment entered into Medtech	☐
Eligibility ticked or "letter" stated on form	☐
Proof of Eligibility photocopied and attached to enrolment form	☐
New Patient appointment made for patients aged 45+	☐