



Raukura Hauora O Tainui

ENROLMENT FORM / REQUEST FOR TRANSFER FORM

GP2GP : ngamiron

As an Enrolled Patient at Raukura Hauora O Tainui, this allows you to access any of our following clinics:

Enderley Park Medical Clinic 66 Tennyson Road PO Box 14176, Fairfield, HAMILTON Ph: 07 853 3370 Fax: 07 853 3373 <i>Dr Lakhminder Sandhu</i> NZMC 48174 <input type="checkbox"/>	Te Rengarenga Medical Centre 3/41 Whatawhata Road PO Box 15377, Dinsdale, HAMILTON Ph: 07 847-2383 Fax: 07 847-2385 <i>Dr Subrata Saha 27219</i> <input type="checkbox"/> <i>Dr Kabir Ahmed 34655</i> <input type="checkbox"/> <i>Dr Nasim Ahmed 46131</i> <input type="checkbox"/>	Nga Miro Medical Clinic 29a River Road PO Box 6, NGARUAWAHIA Ph: 07 824-8393 <i>Dr Mike Slatter</i> <input type="checkbox"/> NZMC 12337	Waahi Medical Centre 2 Bridge Street PO Box 148, HUNTLY Ph: 07 828-9256 Fax: 07 828-6631 <i>Dr Dilawar Singh</i> <input type="checkbox"/> NZMC 48383
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Primary Contact

Title (Circle)	*Family Name	*Given Names	*DOB	*Gender
Mr Mrs Ms Miss Mast				
Preferred Name:		*Place/Country of Birth:		
Contact Details:	Mobile: ()	Day: ()	Email:	

Current address

Street Address			
Suburb / City		Postcode	
Postal address (if different from above)	P. O. Box / Private Bag		
Suburb / City			

Primary Ethnicity TICK appropriate box

<input type="checkbox"/> NZ Maori (21)	Iwi:	Hapu:	
<input type="checkbox"/> Tongan (33)	<input type="checkbox"/> Chinese (42)	<input type="checkbox"/> Indian (43)	
<input type="checkbox"/> NZ European/Pakeha (11)	<input type="checkbox"/> Niuean (34)	<input type="checkbox"/> Other (please state):	
<input type="checkbox"/> Samoan (31)	<input type="checkbox"/> Cook Island Maori (32)		

I understand that I will no longer be registered with my previous Doctor.

My previous Clinic / Doctors Name:	Contact Details if known:
	Phone: Fax:

My agreement to the enrolment process and I authorize Raukura Hauora O Tainui to obtain my previous medical records

I choose to enrol with Raukura Hauora O Tainui as my regular and on going provider of general practice / GP / First Level primary health care services. I agree to the Practice obtaining my records from my previous Doctor. I also understand that I will be removed from their practice register. 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. (patient information handbook)

I also understand that I will be removed from their practice register.

I have received and I agree with the Health Information Privacy Statement (patient information handbook).

I agree to inform the practice of any changes in my eligibility. I understand that members of my health team may:

- add to my health record during any services provided to me and use that information to provide appropriate care
- share relevant health information to other health professionals who are directly involved in my care .

I understand that my health information which will not include my name but may include my National Health Index Identifier (NHI) may be used by health agencies such as the District Health Board, Ministry of Health or PHO for the following purposes, as long as it is not used or published in a way that can identify me: health service planning and reporting, monitoring service quality, and payment

Signature:

Parents / Caregiver / Guardian MUST sign if patient is under 16 years old

Date:

Relationship :

Important Details Required

NHI #:			
Residential Status			Proof Obtained
Are you a New Zealand Resident? (Please circle one)	YES	NO	
If NO do you have a work permit? (Please circle one)	YES	NO	

Community Service Card/HUHC No:	00000	/	/	expiry:	/	/
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Primary - Emergency Contact / Next of Kin

Surname Name	First Name	Phone Number	Relationship

Employer Details

Employer Name:
Address:
Phone:

What is your current smoking status ? TICK appropriate box			
Current smoker		Approx. per day	Would you like Brief advice? (please circle) Yes No
Trying to stop smoking		Stopped in the last 12months	
Stopped more than 12months ago		Never smoked	

I agree to receiving txt to remind for appointments	Yes <input type="checkbox"/> No <input type="checkbox"/>	I agree to receiving emails for health promotion purposes only	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Enrolment into Raukura Hauora O Tainui Medical Clinics / Primary Health Organisation (PHO)

I intend to use the above named (top of page) **Raukura Hauora O Tainui Medical Clinic** as my regular and ongoing provider of general practice / GP / First Level Primary Health Care Service. Raukura Hauora O Tainui may need to send and/or discuss your health information with you and/or other health care professionals to seek assistance to ensure that we provide you with the best quality care possible.

I am eligible to enrol because **I live in New Zealand** and meet one of the following criteria:

- I am a New Zealand citizen **OR**
- I hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010) **OR**
- 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 **OR**
- 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) **OR**
- I am an interim visa holder who was eligible immediately before my interim visa started **OR**
- 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 **OR**
- 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**
- I am 18 or 19 years old and can demonstrate that, on the 15 April 2011, I was the dependant of an eligible work permit holder **OR**
- 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) **OR**
- I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme **OR**
- 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.

Initial Here:

I would like to receive the quarterly newsletter via email	Yes No	My email address to send the Raukura Hauora o Tainui newsletter to is: (please provide email address in box on right) >>>>	
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