



"We're here for you"

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PATIENT ENROLMENT FORM

I wish to register at CRAWFORD MEDICAL CENTRE with Dr..... as my regular family doctor

I give permission for my name to be added to the practice age/sex register YES [] NHI NO:.....

HOW DID YOU HEAR ABOUT US?

FAMILY SURNAME:.....

FIRST NAMES:..... M/F DATE OF BIRTH:.....
(Please add middle name if you have one)

FAMILY MEMBERS TO BE ENROLLED (Children under 16 years only)

..... M/F DATE OF BIRTH:.....

..... M/F DATE OF BIRTH:.....

..... M/F DATE OF BIRTH:.....

ADDRESS:..... POST CODE:.....

PHONE: (Home).....(Business).....(Mobile).....

Email address:

ETHNICITY?

DO YOU HAVE A COMMUNITY SERVICE CARD OR HIGH USER CARD? YES [] NO []

Table with 2 columns and 10 rows for patient details: Occupation, Employer Name, Address, Telephone, Insurer, Next of Kin - Name, Address, Relationship, Telephone.

Please sign if you are prepared to give us permission to send you text messages: Yes or No

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

- a) I am a New Zealand citizen **OR**
- b) I hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010) **OR**
- OR**
- 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 **OR**
- 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) **OR**
- e) I am an interim visa holder who was eligible immediately before my interim visa started **OR**
- 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 **OR**
- 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**
- h) I am 18 or 19 years old and can demonstrate that, on 15th April 2011, I was the dependant of an eligible work permit holder **OR**
- i) 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**
- j) I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme **OR**
- k) I am a Commonwealth Scholarship holder studying in NZ and receiving funding from a New Zealand university under the Commonwealth Scholarship and Fellowship fund **OR**

I confirm that, if requested, I can provide proof of my eligibility

My agreement to the enrolment process
NB Parent or caregiver to sign if you are under 16 years

- ✓ I choose to enrol with this practice as my regular and ongoing provider of general practice/GP/first level primary health care services.
- ✓ 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
- ✓ I have read and I agree with the Health Information Privacy Statement
- ✓ I agree to inform the practice of any changes in my eligibility

Signature	Date

Or signed by authority **❶**

Full name of authority	Contact Phone number	Relationship
Address	Signature of Authority	/ / day month year
Detail the basis of authority (e.g. parent of a child under 16 years):		

❶ An authority is the legal right to sign for another person if for some reason they are unable to consent on their own behalf.

I have read and understand all the information on this Patient Enrolment form. I authorise Crawford Medical Centre to obtain my medical records from my previous GP:-

Doctor's Name & Address:

Phone:

SIGNED:

DATE:

EDI: Crawford

*Crawford/Master/Patient Enrolment Form :
Approved by: Bruce Greenfield
Issued by: Judy Pascoe
Updated 28.9.2011*