Gore Medical Centre
your partners in health - te hauora tuhona

12 Eccles Street, Gore 9710 P O Box 39, Gore 9740
Phone: 03 2089222 email: email@goremedical.co.nz

GP2GP – NZMC: 154115 **EDI**: goremedi
First Name: Gore **Last Name**: Medical Centre

PLEASE USE BLACK PEN ONLY

ENROLMENT FORM

NHI (for office use)

Mr Mrs Ms Miss Mast Dr (circle)	**First Name(s)**		**Family Name**	
Other Name(s)	(eg. Maiden name). Please tick the name you prefer to be known as			
Gender	☐ Male	☐ Female	☐ Gender Diverse (please state)	
Date of birth	_____ /_____ / _____ Day Month Year		**Place/country of birth**	
Physical Address			**Postal Address**	
Home phone			**Day phone**	
Cell phone				
Email address				

Would you like to be enrolled with ManageMyHealth, our online portal? (Please tick) ☐ Yes ☐ No
If **YES**, please ensure we have your email address. Photo ID required. More info at www.managemyhealth.co.nz

Do you want to receive our newsletter? ☐ Yes ☐ No

Emergency Contact	**Name**	**Relationship**	**Contact phone no.**

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

☐	New Zealand European	☐	Tongan
☐	Māori	☐	Niuean
Iwi 1		☐	Samoan
Iwi 2		☐	Cook Island Māori
Iwi 3		☐	Chinese
☐	Indian		
☐	Other (such as Dutch, Japanese, Tokelauan (please state).		

Community Services Card ☐ Yes ☐ No **High User Health Card** ☐ Yes ☐ No

National Screening Programmes:
I understand that this practice participates in National Screening Programmes and that I may be enrolled in any relevant Programmes e.g. Cervical or Breast Screening, unless I chose not to:
☐ Accept ☐ Decline

Smoking Status ☐Never smoked ☐Current smoker ☐Trying to stop ☐Stopped in last 12 months ☐Stopped more than 12 months ago

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 my records ☐ No transfer ☐ Not applicable

Doctor's 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 Gore Medical Centre I will be included in the enrolled population of WellSouth Primary Health Network, 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 understand that the practice may share my health information between healthcare providers using HealthOne, a secure system for storing electronic patient records and that all information is kept confidential and checks are in place to monitor all access.

I understand that further information on HealthOne is available from the practice on request.

I agree to inform the practice of any changes in my contact details and entitlement and/or eligibility to be enrolled.

Print Name:	
Signature:	Date: / /

Or Signed by AUTHORITY An Authority is the legal right to sign for another person.

Full Name:	Signature:
Relationship:	Date: / /

Office Use only:
PMS System updated: _____ Initials: _____