

TE AWAKAIRANGI PHO
UPPER HUTT HEALTH CENTRE ENROLMENT FORM

Queen Street Car Park PO Box 40-044 Upper Hutt Phone 04 9201 800 Fax 04 9201 808 EDI familyuh

Surname:		First Names:	
Date of Birth:		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Place/Country of birth:		Southern Cross Member No:	
Address: street number & name		Suburb & City:	
National Health Index (NHI) No:		Community Services Card: Number: Expiry:	
Phone:	Mobile:	Email:	
Ethnicity: <input type="checkbox"/> NZ European <input type="checkbox"/> NZ Maori <input type="checkbox"/> Nuiean <input type="checkbox"/> Other Pacific Is <input type="checkbox"/> Indian <input type="checkbox"/> Other European <input type="checkbox"/> Chinese <input type="checkbox"/> Cook Is Maori <input type="checkbox"/> Samoan <input type="checkbox"/> Fijian <input type="checkbox"/> Tongan <input type="checkbox"/> Other (please state)			
Residency Status: <input type="checkbox"/> NZ Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Work Permit <input type="checkbox"/> Student Permit <input type="checkbox"/> Refugee <input type="checkbox"/> Other <input type="checkbox"/> Passport/ID sighted		Please complete this section if you are 16yrs or over Smoking Status: <input type="checkbox"/> Never <input type="checkbox"/> Ex-smoker <input type="checkbox"/> Smoker Alcohol Consumption: <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	
Next of Kin :		Relationship to Next of Kin:	
Next of Kin Address:		Next of Kin Phone:	
*only patients newly enrolling to complete these two sections *Name of your previous GP and medical centre:			
*Address of your previous medical centre:			
In order to receive the best care possible: <ul style="list-style-type: none"> I agree to the Upper Hutt Health Centre obtaining my records from my previous doctor & I will be removed from their practice register. I understand that relevant health information is shared to other health professionals directly involved in my care. My account/debt information may be shared with any other health care provider. Debt incurred will be forwarded to a debt collection agency for collection which will impact on future credit rating and will incur associated costs. 			
I have read and agree to the Primary Healthcare Enrolment process			
Signature:		Date:	
Only complete this section as "Signing Authority" if the patient is under 16 years or has POA			
Name:		Signature:	
Relationship:		Date:	

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Please read this page before signing your Enrolment Form:

- **I intend to use Upper Hutt Health Centre** as my regular and ongoing provider of general practice / GP/ primary health care services
- **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**
 - 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).
 - 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 or 19 years old and can demonstrate that, on the 15 April 2011, I was the dependant of an eligible work permit holder **OR**
 - h) 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) 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.
- **I confirm** that, if requested, I can provide proof of my eligibility
- I choose to enrol with Upper Hutt Health Centre as my regular and ongoing provider of general practice/GP/First Level primary health care services.
- I understand that by enrolling with Upper Hutt Health Centre I will be enrolled with Te Awakairangi Health (PHO) and my name and address and other identification details will be included on both the Upper Hutt Health Centre and the Te Awakairangi Health 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 the 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.
- I agree to pay for my consultation on the day at the time of my visit.
- I understand I will be charged if I do not attend a consultation that has been pre-booked.

To complete the enrolment process:

1. Please make sure you have signed the enrolment form on the other side of this page.
 2. Provide 2 forms of ID
 3. Sign the UHHC Payment Policy.
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