



ENROLMENT FORM

109 Doctors
 Level 3, 109 Queen Street
 Auckland Central, Auckland 1010
 Phone: 09 3660 109 Fax: 09 3667 109
 www.doc109.co.nz EDI: drs109gp



NHI*

Title	Mr Mrs Ms Miss Dr	First * Name(s)		Family Name*	
Preferred Name				Other Names Known By (e.g. maiden name)	
Gender*	Male Female			Place / Country of birth*	
Physical Address*	Street or Rapid (rural) number	Name of Street		Date of Birth*	____/____/____ Day Month Year
	Suburb		City/Town		Postcode
Postal Address (If different from above)				High User Health Card	YES / NO
				Card Number	Expiry Date
Contact Details	Day Phone	Night Phone	Cell Phone	Email	
Emergency contact	Name of person to contact	Relationship	Phone number	Other contact details	

Which ethnic group do you belong to? * Mark the space or spaces which apply to you	Smoking Status Please tick one of the options below * The Ministry of Health requires us to record your smoking status.
New Zealand European	Never Smoked
Māori	Current Smoker
Samoan	Ex-smoker (12 Months+)
Cook Islands Māori	Ex-smoker (under 12 Months)
Tongan	Transfer of Records
Niuean	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 No Not applicable Previous Doctor/Practice's Name: Address / Location:
Chinese	
Indian	
Other such as Dutch, Japanese, Tokelaus. Please state:	

All fields marked with * are mandatory

See page 2- for eligibility, consent and signature

Enrolment in the Practice / Primary Health Organisation (PHO)

I intend to use **109 Doctors** as my regular and ongoing provider of general practice.

I am entitled to enrol because I am residing permanently in New Zealand¹ and meet one of the following criteria:

a) I am a New Zealand citizen OR	Yes / No
b) I hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010)	Yes / No
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	Yes / No
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)	Yes / No
e) I am an interim visa holder who was eligible immediately before my interim visa started	Yes / No
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	Yes / No
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	Yes / No
h) 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	Yes / No
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)	Yes / No
j) I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme	Yes / No
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.	Yes / No

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 on going provider of general practice

I understand that by enrolling with this practice I will be enrolled with the Primary Health Organisation (National Hauora Coalition) 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.

	/ / Day Month Year
SIGNATURE*	DATE*

OR Signed by AUTHORITY²

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):

1 The definition residing permanently in NZ is that you intend to be resident in New Zealand for at least 183 days in the next 12 months.

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