Nelson Bays Primary Health
Hauora Matua ki Te Tai Aorere

St Luke's Health Centre Ltd
105 Waimea Road, Nelson 7010
Phone: 03 548 1858
Fax: 03 548 0928
EDI - stlukenl
GP2GP Capable: Dr Joseph Hassan (16512)

St Luke's Health Centre Ltd Patient Enrolment Form

TITLE: ☐ Mr	☐ Mrs	☐ Ms	☐ Miss	☐ Dr	**NHI NUMBER:**	
FIRST NAME(S):					**FAMILY NAME:**	
DATE OF BIRTH:					**GENDER:** ☐ Male	☐ Female
PLACE AND COUNTRY OF BIRTH:						
PHYSICAL ADDRESS: (*Where you physically live, cannot be a Post Box or Private Bag)*						
UNIT NUMBER:		STREET:				
SUBURB:		CITY / TOWN:			POSTCODE:	
POSTAL ADDRESS: (*Where you would like your mail delivered, leave blank if same as above)*						
UNIT NUMBER:		STREET:				
SUBURB:		CITY / TOWN:			POSTCODE:	
CONTACT NUMBERS:						
HOME:		WORK:			MOBILE:	
EMAIL:						
Do you consent to receive communication from this practice via text messaging? *(Please tick one)*					YES ☐	NO ☐
YOUR EMPLOYER DETAILS: *(For emergency contact, if applicable)*						
EMPLOYER:					PHONE:	
WHICH ETHNIC GROUP DO YOU BELONG TO? *(Please tick all that apply)*						
New Zealand European						
Māori						
Samoan						
Cook Islands Māori						
Tongan						
Niuean						
Chinese						
Indian						
Other such as Dutch, Japanese, Tokelauan		Please state: _____				
YOUR NEXT OF KIN: *(For emergency contact)*						
NAME:				RELATIONSHIP TO YOU:		
HOME:		WORK:			MOBILE:	
DO YOU HOLD A COMMUNITY SERVICES CARD OR HIGH USE HEALTH CARD? *(Please tick where applicable)*						
Community Services Card (CSC)	YES ☐	NO ☐	Card Number_____		Expiry date _____	
High Use Health Card (HUHC)	YES ☐	NO ☐				
SMOKING STATUS: Do you smoke tobacco? *(Please tick one)*						
CURRENT SMOKER ☐	PAST SMOKER (GIVEN UP MORE THAN 12 MONTHS AGO) ☐				NEVER SMOKED ☐	
TRANSFER OF RECORDS:						
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 register						
YES ☐	NO ☐			NOT APPLICABLE ☐		
NAME OF PREVIOUS PRACTICE:						
PREVIOUS DOCTOR'S NAME:						
ADDRESS / LOCATION:						

Please turn over for eligibility, consent and signature.

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Enrolment in the Practice / Primary Health Organisation (PHO)

I intend to use St Luke's Health Centre Ltd as my regular and ongoing provider of general practice / GP / First Level primary health care services.

I am entitled to enrol because I am residing permanently in New Zealand[1] and meet one of the following eligibility criteria:

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

I agree to inform the practice of any changes in my eligibility.

	/ / Day Month Year
SIGNATURE	**DATE**

OR Signed by AUTHORITY[2]

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 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.