



35 Commerce Lane, Te Puke Phone: (07) 573 0091 Fax: (07) 881 9235	Our Practice would prefer electronic GP2GP Notes Transfer Our EDI is: pouwellc Dr Jen Hall 69700 : Dr Joe Bourne 37222 : Dr Tim Chiari 44619	NHI (Office use only)*
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Fields marked with an *are compulsory

Name	(Title)	Given Name*	Other Given Name(s)	Family Name*
Other Name(s) <small>(eg. Maiden name)</small>		Other Name(s)		Preferred Name
Birth Details		Day/Month/Year of Birth*	Place of Birth*	Country of Birth*
Gender*	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Gender diverse (please state)	Occupation

Usual Residential Address	House (or RAPID) Number and Street Name*	Suburb/Rural Location*	Town/ City & Postcode*
Postal Address <small>(if different from above)</small>	House Number, Street Name or PO Box Number	Suburb/Rural Delivery	Town / City & Postcode

Contact Details	Mobile Phone*	Home Phone	Email Address
Emergency Contact	Name	Relationship	Mobile (or other) Phone

Transfer of Records	<i>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, as I am only able to be enrolled at one practice at a time in New Zealand.</i>		
	<input type="checkbox"/> Yes, please request transfer of my records*	<input type="checkbox"/> No transfer	<input type="checkbox"/> Not applicable
	Previous Doctor and/or Practice Name*		Address / Location*

Ethnicity Details Which ethnic group(s) do you belong to? <i>Tick the space or spaces which apply to you</i>	<input type="checkbox"/> Māori	Iwi:	Hapū:	
	<input type="checkbox"/> New Zealand European	Community Services Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Samoan	Day/ Month/ Year of Expiry	Card Number	
	<input type="checkbox"/> Cook Island Maori	High User Health Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Tongan	Day/ Month/ Year of Expiry	Card Number	
	<input type="checkbox"/> Niuean	Do you consent to TEXT messages for recalls, reminders & updates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Chinese	Do you want to register for Manage-My-Health (to book your own appointments and see your results)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Indian <input type="checkbox"/> Other (such as Dutch, Japanese, Tokelauan). Please state <input type="text"/> <input type="text"/>			

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

AND 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)	<input type="checkbox"/>
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	<input type="checkbox"/>
d	I have a current work visa/permit and can show that I am legally able to be in New Zealand for at least 2 years (previous visas / permits included)	<input type="checkbox"/>
e	I am an interim visa holder who was eligible immediately before my interim visa started	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>
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)	<input type="checkbox"/>
i	I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme	<input type="checkbox"/>
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	<input type="checkbox"/>

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 ongoing provider of general practice / GP / health care services.

I understand that by enrolling with this practice I will be included in the enrolled population of this practice's Primary Health Organisation (PHO) [Western Bay PHO], 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 understand 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 agree to inform the practice of any changes in my contact details and entitlement and/or eligibility to be enrolled.

Signatory Details	Signature*	Day/ Month/ Year*	<input type="checkbox"/>	<input type="checkbox"/>
			Self Signing*	Authority*

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

Authority Details <i>(where signatory is not the enrolling person)</i>	Full Name	Relationship	Contact Phone
	Legal basis of authority (e.g. parent of a child under 16 years of age)		

1. Are you interested in other Poutiri services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please tick the services you are interested in

- Fun fitness classes, for all levels of fitness
- Employment Support
- Māmā Maia Breastfeeding and Support Groups for Māmā
- Community Nursing for Chronic Care
- Diabetes
- Asthma and Respiratory
- Whānau Ora
- Healthy Homes
- Nutrition and mara kai (creating a vegie garden at home)
- Mental Health and/ or Addiction Service

2. Are you on regular medications? Yes No

3. If Yes, next script due

If you answered in written form, please complete below.
Please note if you answered online, your previous answers have been already added below.

Name	Given Name	Other Given Name(s)	Family Name		
Preferred Name <small>(if different)</small>					
Birth Details	Day/Month/Year of Birth	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Gender diverse
Residential Address	House (or RAPID) Number and Street Name	Suburb/Rural Location		Town/ City & Postcode	
Contact Details	Mobile Phone	Home Phone		Email Address	

Please complete and email to: wellness@poutiri.org or drop it to Poutiri, 35 Commerce Lane with ID (passport or birth certificate and photo ID). We can help if you do not have the ID needed.

Ngā mihi nui, we look forward to getting to know your health needs. Mahitahi – working together to help you be well, get well and live well.