THE GOOD DOCTOR
COMMERCE STREET MEDICAL CENTRE

CASUAL & INTERNATIONAL VISITORS FORM

OFFICE USE ONLY:
- ☐ID Scanned
- ☐Eligibility Checked
- ☐NOK Checked
- ☐Casual on Medtech
- ☐Notes Sent to GP

Staff Initials:

Fields marked with an * are compulsory

1

Name	(Title)	*Given Name	*Other Given Name(s)	*Family Name
Birth Details		*Day / Month / Year of Birth	*Place of Birth	*Country of birth
Gender (please tick)		☐ *Male ☐ *Female ☐ *Gender diverse (please state)		***NHI (*Office use only*)**

Residential Address	*House Number and Street Name	*Suburb	*Town / City and Postcode
Postal Address (if different from above)	House Number and Street Name or PO Box Number	Suburb	Town / City and Postcode

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

2

***Ethnicity Details**

Which ethnic group(s) do you belong to?

Tick the space or spaces which apply to you

- ◯ New Zealand European
- ◯ Maori
- ◯ Samoan
- ◯ Cook Island Maori
- ◯ Tongan
- ◯ Niuean
- ◯ Chinese
- ◯ Indian
- ◯ Other (such as Dutch, Japanese, Tokelauan). ***Please state:***

Iwi:

Hapu:

Community Services Card Number	*Expiry Date*
High User Health Card Number	*Expiry Date*

*** Smoking status (if over 15)**

☐ Never smoked ☐ Current smoker

☐ Ex-smoker

- ☐ Greater than 15 months
- ☐ Less than 12 months

If you are a current smoker or have recently quit, we would like to help you stop to improve your health. Would you like help to stop/stay an ex-smoker?

☐ Yes ☐ No

3

***Sending Records of the Visit to Your GP**	I agree to The Good Doctor Commerce Street Medical Centre sending my records to my registered doctor in New Zealand electronically. ☐ Yes, please send my notes ☐ Not applicable/No, do not sent my notes

***Regular GP I am registered with, and Practice Name and Address**

4

CHOOSE ONE OPTION

☐ **I am an International Visitor or**

☐ **I am a Casual patient enrolled at another practice in NZ**

A	**International Visitors Only** **I am not eligible for publicly funded healthcare in New Zealand**	☐ Skip to Section 7

B	**Casual Patients Only - My declaration of <u>entitlement</u>** **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*	☐

Casual Patients Only - My declaration of <u>eligibility</u>

I am ELIGIBILE to enrol because:

a	**I am a New Zealand citizen (***If yes, tick box,* **<u>skip sections b-j, and proceed to Section 6</u>** *below)*	☐

If you are **<u>NOT</u> 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 **<u>at least 2 years</u>** (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	☐

6	*__I confirm__ that I can provide proof of my eligibility	☐	
	My work/student/visitor/other visa is valid for a period of	Year(s) Valid:	Expiry Date:

7 *My agreement with the Practice

I have read and I agree with the Use of Health Information Statement. The information I have provided on the 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 consent to the practice sending text messages and emails for the purpose of communication related to healthcare. I understand that I can opt out of this by filling out a form which is available at the reception.

I consent to the practice using transcription software and AI tools in compliance with NZ law to assist with my care. I understand that I can opt out of this by filling out a form which is available at the reception.

I agree to the fees and service charges of the practice, which I have had the time to review before signing up. These prices are also available on the practice's website as well as at the reception.

I understand the prices might be updated in the future and I take responsibility to check the prices prior to the appointment.

I understand that the fees are to be paid prior to the appointment. If not paid in full, the appointment will be rescheduled and I will be charged for the original appointment as well as the new rescheduled appointment.

I understand any delayed payment will also incur an admin fee as per the practice policy.

I agree to adhere to practice policies regarding late show, DNA (Did Not Attend) and cancellation, and accept that I will be charged in compliance with the practice policies.

Signatory Details	*Signature. Parent or Caregiver to sign if under 16 years.	*Date	☐ Self-Signing	☐ Authority

Authority Details *(Where signatory is not the enrolling person)*	Full Name	Relationship	Contact Phone
	Basis of authority (e.g. parent of a child under 16 years of age) ***An authority has the legal right to sign for another person if for some reason they are unable to consent on their own behalf.***		