waikanaehealth

Waikanae Health & Compass PHO Patient Enrolment Form

* A separate enrolment form is required for each person including dependants
* People aged 16 and over must complete and sign their own enrolment form

Please read carefully and answer every question clearly and in full.

Name
Title ..... Surname .....
Full given name .....
Preferred name .....
Maiden previous surname

Personal Details
Date of birth (dd/mm/yyyy)
Country where I was born
Gender ☐ Male ☐ Female ☐ Gender Diverse (state below)
.....
NHI number (if known)

Home Address
.....
Postcode .....
Home phone ..... Work phone .....
Mobile phone .....
Personal email address

Postal address (if different from above)
.....
Postcode

Text Messaging
I give permission for Waikanae Health to contact me by text ☐ Yes ☐ No

Employment
Occupation .....
Employers address .....
Phone

Ethnicity (tick as many as apply to you)
☐ New Zealand European
☐ Maori Iwi .....
☐ Samoan
☐ Cook Island Maori
☐ Tongan
☐ Niuean
☐ Chinese
☐ Indian
☐ Other (please state)

Community Services Card
I have a current Community Services card ☐ Yes ☐ No
Card number Expires:

High User Health Card
I have a current High User Health card ☐ Yes ☐ No
Card number Expires:

Power of Attorney for Personal Cares & Welfare
The person who holds legal Power of Attorney on my behalf....
Title ..... Family name .....
Full given name .....
Relationship to me .....
NB - Please provide a copy of the document pertaining to personal cares and welfare as it will need to be remain on file at Waikanae

Transfer of Medical Records (New patients only)
In order to get the best care possible, I authorise Waikanae Health to obtain all my medical records from my previous GP. I understand that I will be removed from their register.
☐ Yes ☐ No ☐ Not applicable
Doctor .....
Practice .....
Address .....
.....
Phone Fax

Next of Kin
Title ..... Surname .....
First name .....
Relationship to me .....
Address .....
.....
Daytime phone .....
Afterhours phone

Emergency contact person
Title ..... Surname .....
First name .....
Relationship to me .....
Daytime phone .....
Afterhours

Smoking (15 years of age and over)
Smoking is an important factor influencing health. Please tick the box which applies to you.
☐ Never smoked
☐ Ex-smoker
☐ Currently a smoker

Eligibility Declaration
I am eligible to enrol in Compass Health PHO. I choose to use Waikanae Health as my regular and ongoing provider of of general practice/GP/First Level primary health care services. I am eligible and entitled to enrol because I am residing permanently in NZ and I am a NZ citizen ☐ **or** meet one of the criteria laid out in the eligibility guide (attached) with the corresponding letter: ☐

I have read and agree to the terms in the Health Information Privacy Statement. ☐

I confirm that if requested I can provide proof of eligibility. ☐

I agree to inform the practice if there are any changes in my eligibility. ☐

I understand that by enrolling with Waikanae Health, I will be enrolled with the Primary Health Organisation (PHO) this practice belongs to and my name and address and other identification details will be included on both the Practice & 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 enroling with the PHO and their contact details. ☐

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. ☐

Patient Agreement

Signature ..... Date .....
Or
Signed by Authority ..... Date .....
Full name .....
Relationship to patient

Photo Identification Provided
Form of photo identification I have provided:
☐ Drivers Licence ☐ Passport ☐ Other

waikanaehealth

Eligibility Summary Guide

I am fully eligible and entitled to be enrolled with Waikanae Health and the PHO (Primary Health Organisation) **if** I am residing permanently in New Zealand (183 days out of the next 12 months) **and**.....	
A	I hold New Zealand Citizenship.
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 I am able to show I have been in New Zealand or I intend to stay in New Zealand for at least 2 consecutive years.
D	I have a work visa or work permit and I am able to 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 and I was eligible immediately before my interim visa started.
F	I am a refugee or protected person. OR I am in the process of applying for or appealing refuge or protection status. OR I am a victim or suspected victim of people trafficking.
G	I am under 18 years and in the care of a parent/legal guardian/adopting parent who meets one of the criteria in clauses **A – F** (above)
H	I am 18 or 19 years old and can demonstrate that on 15th April 2011 I was the dependant of an eligible work visa or work permit holder (The visa or permit must still be valid)
I	I am a New Zealand Aid Programme student, studying in New Zealand and receiving Official Development Assistance funding (or their partner or child under 18 years old).
J	I am participating in the Ministry or Education Foreign Language Teaching Assistantship schem
K	I am a Commonwealth Scholarship holder, studying in New Zealand and receiving funding from a New Zealand University under the Commonwealth Scholarship and Fellowship Fund

Please note:

You will need to provide proof of eligibility – your Passport and other documentation to demonstrate you are eligible to or intend to stay in New Zealand for the next 2 years.

The Health and Disability Services Eligibility Direction 2011 issued by the Ministry of Health, is the basis for eligibility. Refer to www.moh.govt/moh.nsf/indexmh/eligibility-direction

Waikanae Health

New Patient Information Questionnaire

Name:_____

Date of Birth: _____ Date: _____

1. Do you suffer from any current/long term medical problems? (Please include date of onset)

2. Have you had any serious medical problems in the past? (Please include dates)
   Surgery:

   Other:

3. What medication are you currently on? (Please list and include over-the-counter and 'natural' medicines)

4. Do you have any known allergies or reactions to particular medicines or substances?

5. Have you ever smoked regularly? Yes / No

   If so, for how many years? _____ How many per day on average?_____

   What date did you quit? _____ If you currently smoke, how many per day on average? _____

6. Alcohol: What would your average weekly intake of alcohol be?

7. Family history of illness:
   Have any of your family members suffered from diabetes, glaucoma, heart disease or cancer before the age of 65 years? If so please state what they suffered from, their age at diagnosis and their relationship to you.

8. Other providers:
   Are you under a Specialist or any other health provider for any conditions? If so please state the name of the Specialists/s or Provider and the condition being treated.

9. Immunisations:
   Adults – Are you up to date with your Tetanus? Yes / No

   Children (0-16 years) – Are you up to date with your childhood immunisations Yes / No

10. Women:
    If known, the date of last cervical smear:_____ last mammogram:_____

    Any abnormal results or treatment required.

We strongly advise that you make a Nurse appointment to discuss the above and record it, and any other information on your file with us. Once you have received our enrolment confirmation letter, please contact Reception on 04 293 6005 and ask for a New Patient Nurse appointment.

Health Information Privacy Statement

CompassHealth
Working together, towards healthy and flourishing communities

I understand the following:

Access to my health information

I have the right to access (and have corrected) my health information under Rules 6 and 7 of the Health Information Privacy Code 1994.

Visiting another GP

If I visit another GP who is not my regular doctor I will be asked for permission to share information from the visit with my regular doctor or practice.
If I have a High User Health Card or Community Services Card and I visit another GP who is not my regular doctor, he/she can make a claim for a subsidy, and the practice I am enrolled in will be informed of the date of that visit. The name of the practice I visited and the reason(s) for the visit will not be disclosed unless I give my consent.

Patient Enrolment Information

The information I have provided on the Practice Enrolment Form will be:

- held by the practice
- used by the Ministry of Health to give me a National Health Index (NHI) number, or update any changes
- sent to the PHO and Ministry of Health to obtain subsidised funding on my behalf
- 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.

Health Information

Members of my health team may:

- add to my health record during any services provided to me and use that information to provide appropriate care
- share relevant health information to other health professionals who are directly involved in my care.

Shared Care Record

An electronic summary of my health information will be available to health professionals in hospitals and other settings who are directly involved in my care. If I do not want my information to be available on the Shared Care Record, I have the option to opt out, or to have specific health information excluded. For more information visit www.scr.org.nz

Audit

In the case of financial audits, my health information may be reviewed by an auditor for checking a financial claim made by the practice, but only according to the terms and conditions of section 22G of the Health Act (or any subsequent applicable Act). I may be contacted by the auditor to check that services have been received. If the audit involves checking on health matters, an appropriately qualified health care practitioner will view the health records.

Health Programmes

Health data relevant to a programme in which I am enrolled (eg: Breast Screening, Immunisation, Diabetes) may be sent to the PHO or the external health agency managing this programme.

Other Uses of Health Information

Health information *which will not include my name but may include my National Health Index Identifier (NHI)* may be used by health agencies such as the District Health Board, Ministry of Health or PHO for the following purposes, as long as it is not used or published in a way that can identify me:

- health service planning and reporting
- monitoring service quality
- payment.

Research

My health information may be used for health research, but only if this has been approved by an Ethics Committee and will not be used or published in a way that can identify me.
Except as listed above, I understand that details about my health status or the services I have received will remain confidential.

www.compasshealth.org.nz enquiries@compasshealth.org.nz

Wellington
Level 7, Freemason House
195-201 Willis Street, Wellington 6011
PO Box 27 380, Marion Square
Wellington 6141

Phone: 04 801 7808
Fax: 04 801 8715

Wairarapa
Waiata House 27-29 Lincoln Road
Masterton 5810
PO Box 314
Masterton 5840

Phone: 06 370 8055
Fax: 06 370 8454