Enrolment Form Identification

To accompany your enrolment form we will require identification to be provided.

If you are born in New Zealand:

We will require either a current passport (preferably) or a New Zealand driver's licence. If you do not have either of these documents, please contact Reception to discuss other identification options.

If you are born overseas:

We will require a copy of:

- Your passport's personal details page(s)
- Copies of all visas relating to New Zealand
- Date of entry stamp(s) into New Zealand

For further details call our Reception on (04) 381 6161

Once completed please return to our admin team at: admin@citygps.co.nz

CITY GPS LTD - PATIENT ENROLMENT FORM

PATIENT DETAILS: (All fields marked with * must be completed)

Family Name:*		**Given Name[s]:***	
Preferred Name*		**Other Name[s]***	
Date of Birth:*		**NHI / Chart No.:**	
Gender:*	Male ☐ Female ☐ Other ☐	**Country of Birth:***	
Title:	Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr. ☐ Other: ☐		
If other gender please state:		**Provider:**	
Address:*		**Postal Address:** *(if different from physical address)*	

Email:*			
Phone Number/s:*	**(h)**	(w)	(mob)
Emergency Contact*:	***Name:***	***Relationship:***	***Contact number:***
Community Services Card:	**Y / N**	***Exp:***	*#:*
Employer and occupation:			

* I am eligible to enrol in Tū Ora Compass Health. I choose to use this Practice as my regular and on-going provider of general practice/GP/First Level primary health care services. I am eligible and entitled to enrol because I am residing permanently (residing longer than 183 days per year) in New Zealand and I am a New Zealand Citizen ☐

OR meet one of the criteria laid out in the Eligibility Guide, with the corresponding letter ☐

***Which ethnic group do you belong to?** *Tick the space or spaces that apply to you*	
▪ **NZ European/Pakeha**	
▪ **Maori**	
▪ **Samoan**	
▪ **Cook Island Maori**	
▪ **Tongan**	
▪ **Niuean**	
▪ **Other European**	
▪ **Chinese**	
▪ **Indian**	
▪ **Other** (such as Japanese, Tokelauan) *Please state:*	

- **I have read and agree** with 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 confirm** that if requested I can provide proof of my eligibility
- **I agree** to inform the Practice of any changes in my eligibility.
- **I understand** that by enrolling with this Practice, I will be enrolled with the 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 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.

OFFICE USE ONLY:

Dr Name:_____

Signature:_____ **Date**: _____

Evidence sighted/attached: Y N NA Passport / Driver's Licence / Other

Name: _____Date of Birth: _____ NHI: _____ Provider: _____

PAYMENT FOR SERVICES

- City GPs Ltd requires payment for services on the day of your appointment.
- Please understand that failure to attend an appointment or cancelling at short notice may incur a full consultation fee
- For ease, we welcome individual arrangements for payments for our **registered patients**, please speak with our receptionist and they will be happy to assist you.
- If there are any problems with payments we would appreciate you having a discussion with our Practice Manager as to how this can be managed.
- Failure to pay, or make, suitable arrangements within 60 days may result in debt collection action being taken.

CODE OF CONDUCT

- City GPs Ltd will treat all people with respect and courtesy at all times.
- City GPs Ltd has a **zero tolerance** toward bad behaviour, anyone who is verbally or physically abusive or threatening will be asked to leave the premises immediately and may be de-registered from our practice.

Please sign to indicate understanding and acceptance of the statements on pages 1 and 2:

Signed: _____ Date: _____

Authorised Signature [eg. if under 16]:

* Signed Authority: _____ Date: _____

***** Relationship to patient**:** _____ Contact phone: _____

AUTHORITY TO TRANSFER PATIENT NOTES

Date:

To whom it may concern,

I/We have now registered with City GPs Ltd for our medical services. I /We authorise the transfer of my/our medical records to City GPs Ltd.

FULL NAME	DOB	SIGNATURE

OTHER FAMILY MEMBERS WHO ARE TRANSFERRING TO THIS PRACTICE

FULL NAME	DOB	SIGNATURE (required if 16 or over)

PREVIOUS DOCTOR(s) _____ _____

MEDICAL CENTRE _____

MEDICAL CENTRE ADDRESS _____

CITY _____

We prefer the records transferred by GP2GP transfer please find the details below:

NZMC: **12345** City GPs Ltd edi: **citysgwn**

First Name: **City** Last name**: GPs Ltd**

NB: If you are using a PMS other than Medtech, please edi or print the inbox and screening records and send to us (as these do not transfer well by GP2GP)

If unable to send the records by GP2GP transfer or if you have physical medical records to send, please use the following address: **City GPs Ltd, PO Box 27-348, Wellington 6141** or City GPs Ltd Email: **admin@citygps.co.nz**

ManageMyHealth (MMH) Registration Form (16 years and older):

Please complete and return this section to City GPs:

Full Name:

Preferred Name:

Birthdate:

My mobile number is: (02__) _____

My individual email address is: _____
NB: only one person is able to be enrolled per email address

Signature _____

Date _____

PATIENT MEDICAL HISTORY

Name: _____Date of Birth: _____ NHI: _____ Provider:_____

YOUR PAST MEDICAL HISTORY and YOUR FAMILY HISTORY (please tick all that apply)

Family	You		Family	You	
☐	☐	Hypertension	☐	☐	Coronary Heart Disease
☐	☐	Diabetes	☐	☐	Cancer
☐	☐	Asthma	☐	☐	Hereditary Illness
☐	☐	Allergies		☐	Operation(s)
	☐	Significant accidents / injuries		☐	Long term disabilities
	☐	Any other significant conditions			

If you have ticked any of the above, please give further details _____

_____

_____

Smear Test: Date of last smear _____ Any abnormal results? ☐ No ☐ Yes

Mammograms: Date of last mammogram _____ Any abnormal results? ☐ No ☐ Yes

Immunisations: Childhood (if under 15) _____

Date of last tetanus _____ Other immunisations received _____

_____

MEDICATIONS AND ALLERGIES

Please list any medications you are currently on (including any contraceptive pill) _____

_____

Drug allergies *(please state)* _____

LIFESTYLE

Relationship *(please circle)* Single Married Separated Divorced De Facto Widow(er) Same Sex

Number of Children ☐

Smoking Status:

☐ Never Smoked

☐ Presently smoking - if so, for how many years _____ Daily average _____

☐ Ex-smoker – years since quitting _____ How long did you smoke for _____ Daily average _____

Alcohol:

Do you drink alcohol? ☐ No ☐ Yes – if so, what is your weekly average _____

Exercise:

Do you exercise regularly? ☐ No ☐ Yes – if so, what_____

ELIGIBILITY AND ENTITLEMENT GUIDE

To access government funding for your medical care from City GPs Ltd you are required to:

1. **Register with a us**
2. **Be enrolled with Tū Ora Compass Health. To do this you will need to be 'eligible' to receive funding by meeting one of the following criteria (please see A to L below):**
3. **<u>AND</u> you are required to be 'entitled' to receive funding by being resident in New Zealand for more than 183 days in a year [even if you are a New Zealand citizen].**

(Please enter the letter that corresponds to you on your enrolment form)

A. I am a New Zealand citizen **OR**

B. I hold a resident visa or a permanent resident visa (previously known as a residence permit) **OR**

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 **OR**

D. I have a current work visa/permit and can show that I am able to be in New Zealand for at least 2 consecutive years (previous permits included) **OR**

E. I am an interim visa holder who was eligible immediately before my interim visa started **OR**

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 **OR**

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**

H. I am 18 or 19 years old and can show that, on the 15 April 2011, I was the dependent of an eligible work permit holder **OR**

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) **OR**

J. I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme **OR**

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

L. I am **not** eligible for further services

City GPs Ltd is part of a Primary Health Organisation called Tū Ora Compass Health.

Contact details for Tū Ora Compass Health (Wellington Office):

Level 4, 22-28 Willeston Street
Wellington, 6011

(PO Box 27-380)
Wellington. 6011

Ph: (04) 801 7808

Email: enquiries@compasshealth.org.nz

Why should you enrol with Tū Ora Compass Health [1]?

- You will receive the same services and more to ensure that you and your family stay well and healthy.
- We can work with other health services in your area to make sure that you and your family receive all the benefits and have access to good quality health care.
- Lower cost of access to primary health services.

[1] http://www.health.govt.nz/our-work/primary-health-care/about-primary-health-organisations

Health Information Privacy Statement

I understand the following:

1. This practice holds a contract for general practice services with Tū Ora Compass Health PHO, which is a not for profit organisation contracted to support the delivery of high quality primary care services.
2. By enrolling with this Practice, I become part of the Tū Ora Compass Health PHO enrolled population. The information I have provided on the Practice Enrolment Form will be shared with Tū Ora Compass Health PHO and the Ministry of Health in order to establish my eligibility for subsidised health care. Enrolment information may also be shared with other government agencies such as Immigration NZ (where this is relevant to my enrolment eligibility) and Ministry of Social Development (where this is relevant to additional subsidies eligibility).
3. Health information about me such as medical diagnoses, laboratory test results, radiology test requests, prescribed medications, immunisations given, screening investigations such as breast screening, and other clinical and administrative data will be shared with Tū Ora Compass Health PHO who may use it to:
    a. Provide quality improvement feedback to GPs and nurses and others in my practice
    b. Plan, deliver, fund, monitor, and improve health services
    c. Contact me directly or via the Practice in relation to services I have used, or may wish to use.
4. The health information about me that is shared with the Tū Ora Compass Health PHO may change from time to time. Any information collection changes are overseen by a Tū Ora Compass Health PHO governance process and changes will be posted to the Tū Ora Compass Health PHO website.
5. My health data may be shared with external health agencies, where this is relevant to a publicly funded national or regional programme, including Breast Screening, Bowel Screening, Immunisation, and Diabetes.
6. I have the right to access (and have corrected) my health information from my Practice and/or the Tū Ora Compass Health PHO under Rules 6 and 7 of the Health Information Privacy Code 1994.
7. My Health Information will only be held so long as is necessary for Tū Ora Compass Health PHO to perform its duties.
8. Members of my health team may add to my health record during any services provided to me and may share relevant health information with other health professionals who are involved in my care.
9. An electronic “Shared Care Record” allows authorised health care providers such as afterhours GPs and hospital clinicians access to a summary of information from my Practice, including laboratory test results, medical conditions, allergies, and prescribed medications. I can choose to opt out of the electronic Shared Care Record by telling my Practice, but if I choose to withhold my information, clinicians involved in my care may not immediately have important health information available when providing care to me.
10. If I visit a GP at another Practice who is not my regular doctor, I may be asked for permission to share information from the visit with my regular GP or practice. If I am under 18 or 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.
11. If my Practice is audited, my health information may be reviewed by an auditor for checking a financial claim made by the Practice. I may be contacted by the auditor to check that I have received services. If the audit involves checking health information, an appropriately qualified health care practitioner will view the health records.

12. 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. I understand that I may also be contacted and asked to consent to participate in research and that if I decline to participate this will not affect the care I receive.
13. I understand that individuals and organisations that may have access to my health information are subject to the Health Information Privacy Code, and are required to keep my information secure.
    Office of the Privacy Commissioner | Health Information Privacy Code 2020
    For more information on health information collected by Tū Ora Compass Health PHO see: tuora.org.nz