

PATIENT REGISTRATION DETAILS

NHI Number _____

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Title _____ First Names _____ Other Names _____

Surname _____

Date of Birth _____ Country of Birth _____

Ethnicity Groups _____

Gender _____ Occupation _____

HOME & POSTAL ADDRESS _____

EMAIL _____

MOBILE PHONE _____ HOME PHONE _____

EMERGENCY CONTACT

FULL NAME _____ RELATIONSHIP _____ PHONE _____

COMMUNITY SERVICES or GOLD CARD Show your Card with a photo ID. WINZ ID to be noted

Card No _____ Card expiry date _____

High User Health Card (HUHC) No _____ Card expiry date _____

TERMS FOR REGISTRATION**Please read and agree these terms below:**

1. I have provided proof of my identification as requested.

 Passport (with suitable visa) or **NZ birth certificate (with photo ID)** **Other documents** _____

2. I agree to pay the non-refundable registration fee as advised.

3. I am happy to receive text and email reminders from Health-I Care.

4. I have read the Patient Code of Conduct [Code of Conduct given](#)

5. I will inform Health-I Care of any changes to my registration details.

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TERMS FOR ELIGIBILITY

Please read and tick one box below. I can prove that I meet one of these eligibility conditions for funded health services:

- 1. I hold a New Zealand passport or NZ citizen certificate (include Tokelau, Niue and Cook Islands passports)
- 2. I hold a passport with NZ resident visa/permanent resident visa
- 3. I hold an Australian passport AND can show that I have been in New Zealand or intend to stay in New Zealand for at least 2 consecutive years
- 4. I hold a passport with NZ work visa/ permit and can show that I am able to be in New Zealand for at least 2 years (including previous permits)
- 5. I am an interim visa holder which was eligible immediately before my interim visa started
- 6. I am a refugee/protected person, or in the process of applying for/appealing refugee or protection status, or a victim or suspected victim of people trafficking
- 7. 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 to F above OR in the control of the Chief Executive of the Ministry of Social Development
- 8. 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)
- 9. I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme
- 10. I am a Commonwealth Scholarship holder studying in NZ and receiving funding from a New Zealand university under the Commonwealth Scholarship and Fellowship Fund

Patient signature _____ Registration Date _____

If I am under 16 years old or unable to consent independently, my legal authorised person will sign below. Authorised person must provide formal identification on request.

Authorised Signature _____ Relationship with patient _____

Full Name _____ Phone _____

Do you have other family members in our register who should be linked to your file? Please advise with their names here _____

Ver25May2020 Office use:

- Check and file ID with Registration Form
- Registration fee
- Code of Conduct
- Health Questionnaire
- Portal
- Link family files
- Update records