



**Tongan Health Society Inc**  
Ko e Sosaieti Tonga ki he Mo'ui Lelei

**Langimalie clinic**  
Po Box 13 569, Onehunga, Auckland 1643  
161 Queens Road, Panmure, Auckland 1072  
T 09 570 9827  
F 09 521 3626

## Clinic enrolment

We have provided an online enrolment form which you can complete and bring with you to your first appointment. If you want to do this, these are the steps involved.

- You can print out the enrolment form and fill it in by hand and bring it to your first appointment – **DOWNLOAD/CLOSE POP-UP/PRINT.**
- Or you can fill in the form online, then print it out the completed form and bring it to your first appointment – **DOWNLOAD/CLOSE POP-UP/COMPLETE FORM ONLINE/PRINT.**
- Please remember to bring your proof of eligibility when you come to your first appointment (Eligibility includes NZ Passport OR International Passport with Visa details OR NZ Birth Certificate and Photo ID and proof of address)
- We will ask you to sign the enrolment form when you come to your appointment, so don't forget your proof of identity needs to include your signature, so we can verify your identity.

If you don't want to complete this form before your first appointment, don't worry. We supply enrolment forms at all our clinics, and you can complete a form when you come for your first appointment.

Thank you

# Langimalie clinics: Enrolment Form

Po Box 13 569, Onehunga, Auckland 1643, 161 Queens Road, Panmure, Auckland 1072  
Phone: 09 570 9827, Fax: 09 521 3626

EDI: langimal  
GP2GP:

Dr 'Akanesi Makakaufaki 44363  
Dr Gavin Lee 75974  
Dr Kevin Gabriel 23140



NHI\* \_\_\_\_\_

Title \_\_\_\_\_ First Name(s)\* \_\_\_\_\_ Family Name\* \_\_\_\_\_

Other Names Known By (Maiden/Preferred Name) \_\_\_\_\_ Date of Birth\* \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender\*  Male  Female  Gender Diverse (please state) \_\_\_\_\_ Place and Country of birth\* \_\_\_\_\_

## Physical Address\*

Street number \_\_\_\_\_ Street name \_\_\_\_\_ Suburb \_\_\_\_\_

City/Town \_\_\_\_\_ Postcode \_\_\_\_\_ Occupation \_\_\_\_\_

Postal Address \_\_\_\_\_

High User Health Card\*  Yes  No Card Number \_\_\_\_\_ Expiry Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Community Services Card\*  Yes  No Card Number \_\_\_\_\_ Expiry Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Contact Details

Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

Mobile NO (tick box to accept texts) \_\_\_\_\_ Email (tick box to accept texts) \_\_\_\_\_

## Emergency contact

Name of person to contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone No \_\_\_\_\_

## Which ethnic group do you belong to?

Tick the space or spaces which apply to you\*

- New Zealand European
- Māori Iwi: \_\_\_\_\_
- Samoan
- Cook Islands Maori
- Tongan
- Niuean
- Tokelauan
- Chinese
- Other such as DUTCH, JAPANESE, TOKELAUN, FIJIAN  
\_\_\_\_\_

## Eligibility (see over page)\*

I confirm that, if requested, I can provide proof of my eligibility.  
I agree to inform the practice of any changes in my eligibility.

- Eligible under criteria\*** (enter applicable letter from list over page) \_\_\_\_\_
- I have read and agree** to the Enrolment Process, the Health Information Privacy Poster/Statement, and Patient Experience Survey.\*
- Not Eligible** (Tick if not eligible under any criteria over page)

Transfer of Records  Yes  Not Applicable

In order to get the best care possible, I agree to the transfer of my records from my previous Doctor. I understand, I will be removed from their practice register.

Doctor's Name \_\_\_\_\_

Address / Location \_\_\_\_\_

Phone/Fax \_\_\_\_\_

## Smoking Status

Current  Ex-Smoker  Never Smoked  Yes  No Language Spoken \_\_\_\_\_

## Interpreter Required

To be completed when you come to your first appointment

I agree to pay for any current charges for services used. Unpaid debts will be referred to a collection agency. I understand that I am liable for any charges I incur in carrying collections services for any unpaid outstanding debts.

Signature\* \_\_\_\_\_ Date\* \_\_\_\_\_

**OR Signed by AUTHORITY**<sup>11</sup> An authority is the legal right to sign for another person if for some reason they are unable to consent on their own behalf.

Full Name of Authority \_\_\_\_\_ Contact Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Detail the basis of authority (e.g. parent of a child under 16) \_\_\_\_\_

Signature of Authority \_\_\_\_\_ Date \_\_\_\_\_

**Please read this sheet and identify on your enrolment form which criteria provides your eligibility to funded health services**

## **Enrolment in the Practice / Primary Health Organisation (PHO)**

**I am eligible to enrol** because **I live in New Zealand<sup>9</sup>** and meet one of the following criteria:

- a. I am a New Zealand citizen **OR**
- b. I hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010) **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 work visa/permit and can show that I am able to be in New Zealand for at least 2 years (previous permits included) **OR**
- e. I am an interim visa holder<sup>10</sup> 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 a NZ Aid Programme student studying in NZ and receiving Official Development Assistance funding (or their partner or child under 18 years old) **OR**
- i. I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme **OR**
- 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. **OR**

## **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 / First Level primary health care services.

**I understand that by enrolling with this practice** I will be enrolled with the **Primary Health Organisation (PHO)** this practice belongs to, and my name address and other identification details will be included on both the Practice, PHO and National Enrolment Service Registers.

**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 and the services this practice and PHO provides, 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.

**I agree** to inform the practice of any changes in my eligibility.

## **Health Information Privacy**

**I agree to the practice sharing** my health information with other health providers involved in my healthcare. 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 also agree to my information being** used for practice quality/audit activities and to being included in the practice screening, recall and health programmes.

**I have been informed** of the Health Information Privacy statement posters.

<sup>9</sup> The definition residing in NZ is that you intend to be resident in New Zealand for at least 183 days in the next 12 months

<sup>10</sup> If a person has an interim visa this means they are waiting for Immigration to finish processing an application as Immigration issues interim visas if the old visa has run out but the new visa is still being processed. To determine the eligibility of an interim visa holder you should look at what their eligibility status was immediately prior to being issued the interim visa. For example, the person had a two year work permit and has been issued with an interim visa while waiting for their application for another two year work permit to be processed. Immigration usually issues Interim visas in a letter form.

<sup>11</sup> An authority is the legal right to sign for another person if for some reason they are unable to consent on their own behalf.