



577 High Street
Boulcott, Lower Hutt
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www.highstreethealth.nz

High Street Health Hub Enrolment Form



Fields with * are compulsory

Born in New Zealand, a copy of your ID (Driver Licence, Birth Certificate or Passport) as proof.
If you were **NOT** born in New Zealand, please supply a copy of your **Passport and Visa**.

NHI: <i>Office use only</i>	GP2GP: <i>Office use only</i>	NZMC: <i>Office use only</i>	EDI: highsthh			
Transfer of Records In order to get the best care possible, I agree to the Practice obtaining my records from my previous Doctor. I also understand that I will be removed from their practice register.					Previous Medical Centre/Doctor	
Yes, please request transfer of my records			No transfer		Not applicable	
Legal Name	Given Name *		Other Given Name(s)		Family Name *	
Birth Details	Day / Month / Year of Birth *		Place of Birth		Country of birth *	
Gender	Male	Female	Gender diverse (please state)		Community Services Card Yes No	
Residential Address	House Number and Street Name or PO Box Number *		Suburb/Rural Delivery *		Town / City and Postcode *	
Contact Details	Mobile Phone *		Home Phone		Email Address *	
Emergency Contact Person Full Name	Name *		Relationship *		Mobile (or other) Phone *	
Smoking Status *	Never Smoked		Current Smoker		Would you like help to stop? Yes No	
	Ex-Smoker		Vaped Ex vaper			
Ethnicity Details *	NZ European		Maori	Samoan	Chinese	Indian Niuean
	African		Tongan	Fijian	Other (Please state)	
Residency Status *	New Zealand Citizen		Permanent Resident Visa		Work Visa	
	Refugee		Australian Citizen		Other	

My agreement to the enrolment process

I intend to use this practice as my regular and on-going provider of General Practice / GP / health care services.

I understand that by enrolling with High Street Health Hub I will be included in the enrolled population of Te Awakairangi Network, and my name address and other identification details will be included on the Practice, PHO and National Enrolment Service Registers.

I have read and I agree 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 understand that if I visit another health care provider where I am not enrolled, I may be charged a higher fee.

Payment for services. High Street Health Hub requires payment for services on the day of your appointment. Unpaid accounts will incur admin fee or will be sent to a debt collection agency.

High Street Health Hub has **zero tolerance** towards the abuse of our staff. Anyone who is verbally or physically abusive or behaves threateningly to our employees will be asked to leave our premises and we have the right to terminate your enrolment.

I have read and I agree to the enrolment process above.

Signatory Details	Signature **	Day / Month / Year **	Self-Signing	Authority
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An authority has the legal right to sign for another person if for some reason they are unable to consent on their own behalf.

Authority Detail	If the patient is under 16 years, or there is a POA, please complete the following as the signing authority		
	Signature	Relationship	Phone