High Street Health Hub Enrolment Form

* 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. Yes ☐ No ☐ Not Applicable ☐			
Previous Doctor and/or Practice Name			
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 Location *	Town / City and Postcode *
Contact Details	Mobile Phone *	Home Phone	Email Address *
Emergency Contact Person Full Name	Full Name *	Relationship *	Mobile (or other) Phone *
Smoking Status *	Never Smoked ☐ Current Smoker ☐ Ex-Smoker ☐ Vaped ☐ Ex vaper ☐		Would you like help to stop? Yes ☐ No ☐
Ethnicity Details *	NZ European ☐ Maori ☐ Samoan ☐ Chinese ☐ Indian ☐ Niuean ☐ Cook Islands ☐ Tongan ☐ African ☐ Other (Please state)		
Residency Status *	New Zealand Citizen ☐ Permanent Resident Visa ☐ Work Visa ☐ Refugee ☐ Australian Citizen ☐ Other		

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 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 understand that if I visit another health care 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 along with the PHO's name and contact details.
I have read and I agree with the Use of Health Information Statement on the website. 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 agree to inform the practice of any changes in my contact details and entitlement and/or eligibility to be enrolled.
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

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