

## 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. For funding we require two CONTINUOUS years of visas (NB: student visas are only eligible if followed by a work visa)
- The date you arrived in New Zealand for the start of your visas

### Enrolment form:

- All people aged 16 or over must complete an individual enrolment form
- Children (aged less than 16) need only complete pages 2 and 6

### **BEFORE SUBMITTING YOUR ENROLMENT have you:**

- Completed pages 2 to 6
- Signed pages 3, 4, 5
- Provided identity documents as above (passport, visas, etc.)

**\*\*\*For further information please call our Reception on (04) 555 0740**

# Willis Medical - PATIENT ENROLMENT FORM

All fields marked with \* must be completed

<b>Family Name*</b>		<b>Given Name(s)*</b>	
<b>Preferred Name*</b>		<b>Other Name(s)*</b>	
<b>Date of Birth*</b>		<b>Preferred title*</b> <i>Mrs, Miss, Ms, Mr, Dr etc</i>	
<b>Sex at birth*</b>		<b>Gender</b>	
<b>Country of Birth*</b>		<b>Preferred pronoun(s)</b>	
<b>Address*</b>		<b>Postal Address</b>	
<b>Phone Number(s)*</b>	<i>Mobile:</i>	<i>Home:</i>	<i>Work:</i>
<b>Email*</b>			
<b>Ethnicity(s)*</b>		<b>Iwi</b>	
<b>Account holder (circle one)</b>	SELF                      OTHER <i>please specify:</i>		
<b>Emergency Contact*</b>	<i>Name:</i>	<i>Relationship:</i>	<i>Contact number:</i>
<b>Community Services Card</b>	Y / N	<i>Number:</i>	<i>Expiry:</i>
<b>Southern Cross Member</b>	Y / N	<i>Number:</i>	

\* I am eligible to enrol in Tū Ora Compass PHO. 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 a New Zealand Citizen and residing permanently (residing longer than 183 days per year) in New Zealand .....

**OR** meet one of the criteria laid out in the Eligibility Guide (page 7), with the corresponding letter .....

- **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 (please refer to page 9).
- **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 (please refer to page 8).
- **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.

<b>OFFICE USE ONLY:</b>		
Provider: _____	Signature: _____	Date: _____
Evidence sighted/attached: Y N NA    Passport / Driver’s Licence / Other: _____		
NHI: _____	Chart #: _____	

Chart No:

Doctor:

NHI:

Date:

## PAYMENT FOR SERVICES

- Willis Medical 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

- Willis Medical will treat all people with respect and courtesy at all times.
- Willis Medical 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 2 and 3:**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorised Signature (eg. if unable to sign for self):**

\* Signed Authority: \_\_\_\_\_ Date: \_\_\_\_\_

\* Relationship to patient: \_\_\_\_\_ Contact phone: \_\_\_\_\_

# AUTHORITY TO TRANSFER PATIENT NOTES

To Whom It May Concern,

Date: .....

I/We have now registered with Willis Medical for our medical services. I /We authorise the transfer of my/our medical records to Willis Medical.

*(NB: We cannot request notes from overseas)*

FULL NAME

DOB

NHI (if known)

**SIGNATURE**

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.....

## CHILDREN (aged less than 16 years) ALSO TRANSFERRING

FULL NAME

DOB

NHI (if known)


PREVIOUS DOCTOR(S) \_\_\_\_\_

MEDICAL CENTRE \_\_\_\_\_

MEDICAL CENTRE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

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

NZMC:

Willis Medical edi:

First Name: **Willis**

Last name: **Medical**

### Willis Medical contact details:

Address: **191A Willis Street, Te Aro, Wellington**

Phone number: **04 555 0740**

Email: [admin@willismedical.co.nz](mailto:admin@willismedical.co.nz)

[ManageMyHealth \(MMH\) Registration Form \(16 years and older\):](#)

**Please complete and return this section to Willis Medical:**

**NB: If you already have a ManageMyHealth account, please still complete this section so we can link up your account.**

**Full Name:** .....

**Preferred Name:** .....

**Birthdate:** .....

**Mobile phone number:** .....

**Email:** .....

*NB: only one person is able to be enrolled per email address*

**Signature:** .....

**Date:** .....



**Chart No:**

**Doctor:**

**NHI:**

**Date:**

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

Family | You

- High blood pressure
- Diabetes
- Asthma
- Allergies
- Heart attack or stroke
- Cancer
- Inherited Illness

You

- Operation(s)
- Significant accident(s) / injurie(s)
- Long term disability
- Any other significant condition(s)

Height .....

Weight .....

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)

**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 \_\_\_\_\_

Yes I vape  No I do not vape

**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 Willis Medical you are required to:

1. Register with us
2. Be enrolled with Tū Ora Compass Primary Health Organisation. 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. **AND** you are required to be 'entitled' to receive funding by being resident in New Zealand for more than 186 days in a year [even if you are a New Zealand citizen].

*(Please enter the letter that corresponds to you on page 2 your enrolment form)*

- A.** I hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010)  
**OR**
- B.** 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**
- C.** 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**
- D.** I am an interim visa holder who was eligible immediately before my interim visa started, **OR**
- E.** 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**
- F.** 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**
- G.** I am 18 or 19 years old and can demonstrate that, on the 15 April 2011, I was the dependant of an eligible work permit holder, **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 Assistantships 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.



**Willis Medical is part of a Primary Health Organisation called  
TU ORA COMPASS PRIMARY HEALTH CARE NETWORK**

Contact details for Tū Ora Compass Primary Health Care Network (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](mailto:enquiries@compasshealth.org.nz)

**Why should you enrol with Tū Ora Compass Primary Health Care Network<sup>1</sup>?**

- 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.

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<sup>1</sup> <http://www.health.govt.nz/our-work/primary-health-care/about-primary-health-organisations>

## I understand the following:

### Access to my health information

I have the right to access (and have corrected) my health information under Rules 6 and 7 of the Health Information Privacy Code 1994.

### Visiting another GP

If I visit another GP who is not my regular doctor I will be asked for permission to share information from the visit with my regular doctor or practice.

If I 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.

### Patient Enrolment Information

The information I have provided on the Practice Enrolment Form will be:

- held by the practice
- used by the Ministry of Health to give me a National Health Index (NHI) number, or update any changes
- sent to the PHO and Ministry of Health to obtain subsidised funding on my behalf
- 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.

### Health Information

Members of my health team may:

- add to my health record during any services provided to me and use that information to provide appropriate care
- share relevant health information to other health professionals who are directly involved in my care.

### Shared Care Record

An electronic summary of my health information will be available to health professionals in hospitals and other settings who are directly involved in my care. If I do not want my information to be available on the Shared Care Record, I have the option to opt out, or to have specific health information excluded. For more information visit [www.scr.org.nz](http://www.scr.org.nz)

### Audit

In the case of financial audits, my health information may be reviewed by an auditor for checking a financial claim made by the practice, but only according to the terms and conditions of section 22G of the Health Act (or any subsequent applicable Act). I may be contacted by the auditor to check that services have been received. If the audit involves checking on health matters, an appropriately qualified health care practitioner will view the health records.

### Health Programmes

Health data relevant to a programme in which I am enrolled (eg: Breast Screening, Immunisation, Diabetes) may be sent to the PHO or the external health agency managing this programme.

### Other Uses of Health Information

Health information *which will not include my name but may include my National Health Index Identifier (NHI)* may be used by health agencies such as the District Health Board, Ministry of Health or PHO for the following purposes, as long as it is not used or published in a way that can identify me:

- health service planning and reporting
- monitoring service quality
- payment.

### Research

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. Except as listed above, I understand that details about my health status or the services I have received will remain confidential.

#### Wellington

Level 4, Willeston House  
22 Willeston Street, Wellington 6011  
PO Box 27 380, Marion Square  
Wellington 6141

Phone: 04 801 7808  
Fax: 04 801 8715

#### Wairarapa

Waiaata House 27 -29 Lincoln Road  
Masterton 5810  
P O Box 314  
Masterton 5840

Phone: 06 370 8055  
Fax: 06 370 8454

## Healthcare Online (ManageMyHealth™) – Willis Medical

This is a web site for you, which uploads patient information from our computer to a secure web server.

**NB: ManageMyHealth™ is now available as an app for your smartphone. This is downloadable free of charge from the App store.**

ManageMyHealth™ is a place where you can access medical information specific to yourself. You can make notes and entries that you may make accessible to practice staff if you wish. We fully support the concept of a patient held electronic health record.

For us it is a way to have secure electronic communication with you, which can help our medical centre manage the day to day running of our practice.

**IMPORTANT - PLEASE DO NOT USE MANAGEMYHEALTH™ TO COMMUNICATE ACUTE SERIOUS PROBLEMS TO YOUR DOCTOR. PHONE THE SURGERY FOR ADVICE IN THE USUAL MANNER.**

### 1. ONLINE APPOINTMENTS

We encourage you to use the online appointments for bookings. If you will need longer than the standard 15 minutes, please call for a double appointment.

### 2. REPEAT PRESCRIPTIONS

We encourage you to use the Request Prescription service. You will receive an email when your doctor has done the prescription. Please allow 1 working day for this service. If you need a prescription more urgently then phone reception.

### 3. TEST RESULTS

We would like to use ManageMyHealth™ as one of the ways of notifying you of test results. We also use texting and telephone. When we file a result you will be sent an email saying your record has been updated. **PLEASE DO NOT SWITCH OFF THE AUTOMATIC NOTIFICATION BOX IN YOUR INBOX SETUP.**

Your 'Lab Results' section in the 'Health Summary' option will have your results. One column has your doctor's comments on the test. For more detail click the blue 'i' button. Please read your doctor's comments and take any action recommended.

If there are serious abnormalities we will endeavour to contact you through other channels, including phone and letter.

### 4. EMAIL CONSULTATION VIA MANAGEMYHEALTH™

Not all doctors or nurses will respond to email requests. The doctors and nurses who don't will send an automatic reply back that you need to phone the surgery for follow-up.

For simple follow-up queries there is not usually a charge, but there is a charge for more complex queries or queries that are unrelated to a recent consultation. This will vary on the time taken.

### 5. HEALTH SUMMARY

If you see incorrect information in the Health Summary, please contact the practice so we can correct the information.

### 6. MORE SERVICES

Over time we will be adding more services, eg travel medicine consultation. The fees for services and conditions are in the ManageMyHealth™ site.

### 7. TECHNICAL SUPPORT

The website is provided by MedtechGlobal, a New Zealand company that provides the software that Willis Medical uses. They are unable to see your information, as it is encrypted.

If you are having problems with the website, please go to: <http://www.ManageMyHealth™.co.nz/ContactUs/>