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| **Casual Patient Form** Onslow Medical Centre |
| **Title**: Mr Mrs Ms Miss Mast Dr | **NHI Number:** |
| **Family Name:** | **First Name/s:** |
| **Gender:** M/ F/ U | **Date of Birth:**  | **Country of Birth:** |
| **Physical Address**: | **Mobile Number:** |
| **Your Email:** | **Your Current GP Details (NZ only):** |
| **Emergency Contact Name:** | **Contact number:** |  **Relationship to you:** |
| * I understand that any information provided by me will be confidential in terms of the Health Information Privacy Act.
* I understand that if I do not meet the criteria laid out in the Eligibility Guide, I am not eligible for further services.
* I understand Onslow Medical Centre is seeing me as a “Casual Patient” and will not be contacting me for any regular recall services such as Cervical Smears. This is the responsibility of my usual Doctor.
* I understand that payment is required on day of consultation\*.
* Any accounts extending past a 90 day period will be sent to a debt collection agency (unless prior arrangements have been made) and the costs associated with this will be added.
* I authorise the Doctor to contact my regular medical centre for further information, should it be required.
* Onslow Medical Centre reserves the right to vary this policy as it sees fit.
* Please sign below to acknowledge your understanding of this policy and the implications of non-payment.

**SIGNED**: **Date**: or**SIGNED AUTHORITY**: **Date**: **Relationship to Patient:** *An authority is the legal right to sign for another person if for some reason they are unable to consent on their own behalf* | **Which ethnic group do you belong to?***Tick those that apply** New Zealand European
* Maori
* Samoan
* Cook Island Maori
* Other European
* Asian
* Chinese
* Indian
* Other ethnicity (please specify below)

 **\*If you were not born in NZ, please advise which of the following applies:** * Citizen or Permanent Resident
* Work Visa over 2 years
* Work Visa less than 2 years
* Visitor Visa
* Student Visa
* Other (please specify below)

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| Admin use only |
| Visa / Passport sighted *(initials)* |  |
| Visa expiry date (if applicable)  |  |

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| **WE EXPECT PAYMENT ON THE DAY FROM ALL CASUAL PATIENTS** (\*unless arranged by prior agreement) |