Twizel Medical Centre Casual Patient Information

Please complete this form and provide one form of Identification. Payment is required at the time of consultation.

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Title (circle)	**Mr Mrs Miss Ms Dr**		**Assigned Sex (Circle):** **Male Female** **Preferred Gender:** ___________ **Preferred Pronoun:** ___________	**Yes**	**No**	**N/A**
Legal Name	**First Name:** **Preferred First Name:**	**Middle Name(s):**	**Surname:**	**Yes**	**No**	**N/A**
Birth Details	**Day / Month / Year**	**Place of Birth**	**Country of Birth**	**Yes**	**No**	**N/A**

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Which ethnic group do you belong to? Mark the space or spaces which apply to you				**Yes**	**No**	**N/A**
◯	New Zealand European	◯	Māori			
◯	Samoan	◯	Cook Island Māori			
◯	Tongan	◯	Niuean			
◯	Chinese	◯	Indian			
Other such as DUTCH, JAPANESE, TOKELAUAN						

Community Services Card				**Yes**	**No**	**N/A**
◯	Yes	◯	No			
Day / Month / Year of Expiry		Card Number				

High User Health Card				**Yes**	**No**	**N/A**
◯	Yes	◯	No			
Day / Month / Year of Expiry		Card Number				

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Contact Details	Landline / Mobile:	Email Address:		Yes	No	N/A
Usual Residential Address	House (or RAPID) Number and Street Name	Suburb / Rural Delivery	Town / City and Postcode	Yes	No	N/A
Postal Address (If different from above)	**PO Box or House Number and Street Name**	**Suburb / Rural Delivery**	**Town / City and Postcode**	Yes	No	N/A

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Occupation	**Full Occupation:**			**Yes**	**No**	**N/A**
	Employer Company Name:					
	Employer's Full Address:					
Eligibility (circle)	**NZ Citizen** ☐ **Resident Visa / Permanent Resident** ☐		**Work Visa** ☐ 1yr / 2yrs / 3yrs **Overseas Visitor** ☐	**Yes**	**No**	**N/A**
Emergency Contact	**Fulll Name**	**Relationship**	**Address & Town**	**Yes**	**No**	**N/A**
	Mobile Phone	**Home Phone**	**Email Address**	**Yes**	**No**	**N/A**
Medical Information	Regular GP		Practice Name & Address			
By completing and signing this form you agree that as a Casual Patient you are required to pay your account at the time of your consultation.				**Yes**	**No**	**N/A**
I have provided one of the following as proof of identity (circle): ***Drivers Licence / Birth Certificate / Passport / Work Visa***				**Yes**	**No**	**N/A**

Signature:____ **Date:**__________________