

**ENROLMENT FORM 注册表**
**请用英语填写**
**EDI : royaldrs**

*Please choose <b>1</b> doctor as your PERSONAL GP and you can ONLY see the GP you chose *请单选 <b>1</b> 名医生, 之后您只能看您选择的那位家医	<input type="checkbox"/> DR FREDERICK GOH 吴医生 <input type="checkbox"/> DR NELSON KHOR 许医生
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Incomplete Enrolment Forms with no signature/date or no Passport/Visa attached will NOT be accepted 我们不接受没填写 / 没签名 / 没日期 / 没提供护照或签证的表格。

NHI	
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First Name(s) As in Passport 名和护照一致		Family Name 姓氏	
Other Names 其他名字		Date of Birth 出生日期	/ / Day 日 Month 月 Year 年
Gender 性别	<input type="checkbox"/> Male 男 <input type="checkbox"/> Gender Diverse 性别多样 <input type="checkbox"/> Female 女    (please state)	Country of Birth 出生国家	
Home Address 居住地址	Street Number 门牌号码	Name of Street 路名	
	Suburb 市郊	City/Town 城市	Postcode 邮政编码
Email 电子邮件		Occupation 工作	
Contact 联系方式	Mobile No 手机机号码	Landline no 固定电话号码	
Emergency contact 紧急联系	Name of person to contact 紧急联系人姓名	Relationship 关系	Phone Number 手机号码
Tick your ethnic group 种族	<input type="checkbox"/> New Zealand European <input type="checkbox"/> Māori – Iwi: <input type="checkbox"/> Cook Islands Maori <input type="checkbox"/> Samoan <input type="checkbox"/> Chinese 华人 <input type="checkbox"/> Vietnamese <input type="checkbox"/> Indian <input type="checkbox"/> Fijian <input type="checkbox"/> Niuean <input type="checkbox"/> Tongan <input type="checkbox"/> Japanese <input type="checkbox"/> Cambodian <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Other – specify		
Tick Smoking Status 吸烟情况	<input type="checkbox"/> Current 目前吸烟 <input type="checkbox"/> Ex-Smoker 戒烟了    Date Quit 戒烟日    / / <input type="checkbox"/> Never Smoked 从未吸烟    Day 日    Month 月    Year 年		
Eligibility Criteria for Enrolment 公立医疗补助资格	<input type="checkbox"/> New Zealand Citizen 新西兰公民 <input type="checkbox"/> Resident / Permanent Resident Visa 居民或永久居民签证 <input type="checkbox"/> Work Visa (at least 2 years) 工作签证(至少 2 年) <input type="checkbox"/> Australian Citizen/ PR 澳大利亚公民或永久居民 <input type="checkbox"/> Others (refer to page 4 & enter applicable alphabet) 请看第 4 页填写对应的字母:		

In order to get the best care possible, I agree to the transfer of my records from my previous GP. I understand I will be removed from their practice register. 为了得到最好的照顾, 我同意转进来自己之前的看病记录。我明白, 我将不再是他们的注册病人。

Transfer of Records 调取之前诊所病历	<input type="checkbox"/> Yes 同意 <input type="checkbox"/> No 不同意 <input type="checkbox"/> No Previous GP 之前没注册过家医
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Clinic Name 目前家医诊所名	
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Private Health Insurance 私人医疗保险	<input type="checkbox"/> YES 有 Insurance Company 保险公司:	<input type="checkbox"/> NO 没有
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☐ Must be Ticked 必须打勾 I have read, understood and accept all the terms and conditions of service, agree to the Enrolment Process and Health Information Privacy Statement set out on pages 2 to 4 as well as any Patient Experience Survey.

我已阅读, 理解并接受上述服务条款和条件以及同意注册流程, 健康信息隐私申明 在 2, 3, 4 页, 和参加就诊经历的调查问卷。

SIGNATURE (BY HAND) 签名(手签)	DATE 日期    Day 日/    Month 月/    Year 年
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OR Signed by AUTHORITY<sup>11</sup> 或由授权人签署

Full Name of Authority 授权人全名	Address 地址	
Contact Number 联系电话	Signature of Authority 授权人签名(手签)	Date / / 日期 Day 日 Month 月 Year 年
Basis of authority 代签名的原因	<input type="checkbox"/> Parent of a child under 16 家长(孩子未满 16 岁) <input type="checkbox"/> Guardian of a child under 16 监护人(孩子未满 16 岁) <input type="checkbox"/> Others (specify) 其他(请注明):	

For Internal Use Only 仅限内部使用

PP/BC		HQ		TNR	/ /	FAM		E	/ /	IN	/ /
V/EXP	/ /	PA		WE	/ /	REG					
E	WL	EF	A			NS					

**Health and Safety Precautions 健康和安​​全预防措施**

- Anyone above 10 years old MUST wear a mask in the clinic because the clinic is an indoor enclosed space used by babies, young children, the elderly or medically vulnerable persons. We also need to minimize the risk of infections to our staff so that we can stay well to continue to provide an essential service to patients.  
所有 10 岁以上进入诊所的人必须戴口罩, 因为这是一个室内封闭空间。供新生儿、幼儿、老年人或医疗弱势群体使用。我们还需要尽量减少员工感染的风险, 以便我们能够继续为所有病人提供服务。
- Anyone with a fever, cough, runny nose, sore throat, body aches or any other cold or flu symptoms, should NOT enter the waiting room/reception area. Upon arrival, please notify the receptionist by phone and wait in the car or outside at the SIDE ENTRANCE.  
如果有发烧、咳嗽、流鼻涕、喉咙痛、身体疼痛或任何其他感冒或流感症状, 不能进入诊所大门。抵达后, 请通过电话通知前台, 并在车里或侧门等候。

**Pre-Payment for services 服务预付费**

- Full payment is expected BEFORE consultation/prescription/any other services is provided. Same fees apply to face-to-face, phone or virtual consultations. We only accept cash, EFTPOS, Southern Cross Easy-Claim for all in-person appointments. Direct bank transfer is only reserved for email/phone prescription requests and phone consultations.  
请在服务之前全额付费。面对面问诊, 电话问诊或视频问诊的费用均相同。我们只接受现金、电子转账付费卡和南十字星保险。只有电话问诊、邮件或电话重复处方的需求可以转账付费。
- Additional charges for consultations exceeding the allocated 15 minutes or other add-on services (e.g. ECG) are to be paid immediately after the consultation.  
如果超出 15 分钟咨询时间, 或有其他附加的服务费(例如 ECG), 需要在问诊后立即支付所有费用。

**Late payment / No payment 逾期付款/ 没有付款**

- A Late Payment Fee of \$10 applies if payment is not made on the day of service or within 3 days from invoice date.  
如果在服务当天或发账单后的 3 天内未付款, 则会额外收取 \$10 的逾期费。
- A \$20 Administration Fee will be imposed to cover the extra administrative effort required for handling overdue accounts not paid within 7 days from invoice date.  
发账单后 7 日内如果没有付清欠款, 将会额外收取 \$20 的行政管理费给逾期账单所带来的额外行政工作。
- Overdue accounts not settled within 4 weeks will be charged a \$30 account fee to reflect the costs of dealing with unpaid accounts and passed onto a debt collection agency. Debt collection agency costs will be recovered from slow-payers on top of all outstanding amount.  
4 周内仍未付清欠款将会额外收取 \$30 的账户管理费, 并被转交给追债机构。追债机构所产生的费用由欠款账户持有人承担。
- Full payment of outstanding balance has to be received before anymore services will be provided. In addition, Royal Heights Doctors reserves the right to review the enrolment status of accounts not resolved in a timely manner.  
在继续提供医生和护士的服务前, 美西佳医必须收到所有未付余款。并且美西佳医有权利取消你注册资格的权利。

**Late for appointment / Cancellations/ Non Attendance 预约迟到/取消/错过预约**

- Late arrivals will result in a shortened consultation time. Any extension past the allocated 15-minute appointment time will incur additional charges.  
如果迟到, 看病时长会被缩短。若超过预约的时间, 将支付额外费用。
- Late arrivals for more than 10 minutes will not be seen within the remaining 5 minutes but full fees will still be charged.  
如果迟到超过 10 分钟, 将无法看病, 但仍需支付全款。
- At least 6 hours notice is required to cancel or reschedule any appointment otherwise full fees will be charged.  
需要至少提前 6 小时通知前台取消或重新安排预约, 否则将付全款。
- Failure to attend any appointments will incur full charges including nurse appointments. Missed doctor's appointments for children under 14 will be charged full adult fee. Missed nurse's appointment for funded vaccination will be charged a \$30 cancellation fee.  
如果错过医生或护士的预约, 需要付全款, 包括 0 - 13 岁的孩子, 也需要付成人费用。如果错过护士的免费疫苗预约, 将要支付 \$30 取消费。

**Zero tolerance for verbal or physical abuse 尊重美西佳医所有员工**

- Any verbal or physical abusive or aggressive behaviour towards any staff will not be tolerated. We reserve the right to discontinue care if any of our staff is not treated with respect.  
我们绝对不会容忍任何人对于我们员工进行语言攻击或者任何暴力行为, 我们保留权利并对违反行为的人停止护理措施。

We may make changes to our terms from time to time but you will be informed accordingly.

我们偶尔会对条款进行更改, 但是我们会及时通知您。

## MY AGREEMENT TO THE ENROLMENT PROCESS 我对注册过程的同意

**Note: Parent or caregiver to sign if you are under 16 years old**

**注意：如果您未满 16 岁，则需要家长或看护人签名**

- I intend to use this practice, **Royal Heights Doctors** as my regular and ongoing provider of general practice / GP / First Level primary health care services.

我打算选择美西佳医作为我日常持续的家庭医疗服务提供者，提供基本诊疗、家庭医生和一级基础卫生服务。

- I understand that by enrolling with this practice I will be enrolled with the Primary Health Organisation (PHO) this practice belongs to, and my name address and other identification details will be included on both the Practice, PHO and National Enrolment Service Registers.

我了解到，在美西佳医注册家医，我将被纳入全国联盟的登记人口，我的姓名地址以及其他身份信息将被纳入基础健康组织和国家注册资料库中。

- I understand that if I visit another provider where I am not enrolled I may be charged a higher fee.

我明白，如果我在注册诊所以外的地方看病，会被收取更高的费用。

- I have been given information about the benefits and implications of enrolment and the services this practice and PHO provides, and their contact details.

我已经知道了关于注册的益处和义务，以及这家诊所和公共卫生组织提供的服务及其联系方式的信息。

- 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.

我了解本诊所参与了一项有关人们的健康护理体验的全国性调查，以及如何管理他们的整体护理。参与是自愿的，所有回应都是匿名的。我可以通过通知实践来拒绝调查或退出调查。调查提供了用于改善健康服务的重要信息。

- I confirm that I must provide proof of my identity and eligibility.

我确认我必须提供身份证明和资格证明。

- I agree to inform the practice of any changes in my eligibility.

我同意我的资格发生任何变化都会通知诊所。

## HEALTH INFORMATION PRIVACY 健康信息隐私

- I agree to the practice sharing my health information with other health providers involved in my healthcare. 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.

我同意与参与我的医疗保健的其他医疗服务提供者共享我的健康信息。我在注册表上提供的信息用于确定是否有资格接受公共资助的服务。信息可能会与其他政府机构进行比较，但只有在隐私法规允许的情况下才会这样做。

- I also agree to my information being used for practice quality/audit activities and to being included in the practice screening, recall and health programmes.

我也同意我的信息被用于质量/审计活动，并被纳入筛查，召回和健康计划中。

- I have been informed of the Health Information Privacy statement posters.

我有被告知健康信息隐私的海报。

- I have read and understood the Enrolment Process and Health Information Privacy Statement, including how the practice collects health information directly from me and may receive health information about me from other health providers, agencies, whānau/caregivers, or other sources involved in my care, safety, enrolment, funding, screening, recall, audit, quality improvement, or legal obligations.

我已阅读并理解注册流程和健康信息隐私声明，包括诊所如何直接从我这里收集健康信息，以及可能从其他医疗服务提供者，机构，家人/照护者或其他参与我的护理，安全，注册，资金，筛查，召回，审计，质量改进或法律义务的来源获取我的健康信息。

Please read this sheet and identify on your enrolment form which criteria provides your eligibility to funded health services.

请阅读此表并在您的登记表上确定您有资格获得资助的医疗服务的标准

## Enrolment in the Practice / Primary Health Organisation (PHO) 诊所/PHO 注册

I am eligible to enrol because I live in New Zealand<sup>9</sup> and meet one of the following criteria

我有资格注册因为我住在纽西兰而且符合下列其中之一条件

- a)** I am a New Zealand citizen  
我是新西兰公民 **OR**
- b)** I hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010)  
我持有居民签证或永久居民签证（或者是在 2010 年 12 月之前签发的居民许可证） **OR**
- c)** 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  
我是澳大利亚公民或澳大利亚永久居民, 能够证明我在新西兰, 或者打算在新西兰至少待连续两年 **OR**
- d)** 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)  
我有工作签证/许可证, 可以证明我可以在新西兰工作 至少 2 年（包括以前的签证） **OR**
- e)** I am an interim visa<sup>10</sup> holder who was eligible immediately before my interim visa started  
我有临时签证, 在我临时签证开始之前我有立即注册的资格 **OR**
- f)** 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  
我是难民或受保护的人或正在申请难民或受保护的身份, 或是人口贩卖的受害者或疑似受害者 **OR**
- g)** 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  
我未满 18 岁, 由符合上述任意 a - f 条件的父母/法定监护人 / 领养父母的监护和照顾 **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)  
我是新西兰接受官方资助的新西兰援助计划学生（或其伴侣或其 18 岁以下的孩子） **OR**
- i)** I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme  
我正在参加新西兰教育部外语教学助教计划 **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.  
我是新西兰接受英联邦奖学金资助的学生, 并在英联邦奖学金与资金协会下收到来自新西兰大学的资助

<sup>9</sup> The definition residing in NZ is that you intend to be resident in New Zealand for at least 183 days in the next 12 months  
在新西兰永久居住定义是你打算在未来 12 个月内至少有 183 天是在新西兰的居住

<sup>10</sup> If a person has an interim visa this means they are waiting for Immigration to finish processing an application as Immigration issues interim visas if the old visa has run out but the new visa is still being processed. To determine the eligibility of an interim visa holder you should look at what their eligibility status was immediately prior to being issued the interim visa. For example, the person had a 2 year work permit and has been issued with an interim visa while waiting for their application for another 2 year work permit to be processed. Immigration usually issues Interim visas in a letter form.  
有临时签证, 意味着正在等待移民局完成申请处理, 因为旧签证已经过期, 但新签证仍在处理中。要确定临时签证者的资格, 应该查看在获得临时签证之前的资格状况。

<sup>11</sup> An authority is the legal right to sign for another person if for some reason they are unable to consent on their own behalf.  
授权签字是帮另一个人签字的合法权益如果签字人由于某种原因无法为自己签字