Casual Patient Registration Form

Student Health and Support

PO Box 85084, Lincoln University, Lincoln 7647
Phone: 03 325 3835, Email: healthsupport@lincoln.ac.nz

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LINCOLN UNIVERSITY
TE WHARE WĀNAKA O AORAKI

Student ID number

NHI Number (office use only)

Family name: Other names:

Preferred name: Preferred pronouns: Date of birth: / / (Day / Month / Year)

Sex (assigned at birth): ☐ Male ☐ Female ☐ Other Gender:

Ethnicity: New Zealand Resident: ☐ Yes ☐ No

Phone number: Mobile:

Email address:

Current address: If you live on campus please state which hall/flat/house

House (or Rapid) Number and Street Name, not a PO Box/Private Bag

Street:

Suburb:

City:

Postcode:

Postal address: (If different from physical address)

House (or Rapid) Number and Street Name/PO Box/Private bag

Suburb:

City:

Postcode:

Emergency contact details:

Name: Relationship: Contact number:

Regular GP: **Practice name:**

A copy of your consultation notes will be sent to your regular GP. Please advise Student Health if you do not wish your notes to be sent.

Important information for students

We are mindful that information we hold at Student Health and Support about your health and support needs is of a private and confidential nature. In regards to the collection, storage, and access to that information, we are bound by the rules of the Health Information Privacy Code, and the Health Act.

It is important for you to be aware that the date when you attended our service, the name of the professional you saw and some statistical screening data is information available to staff at Student Health and Support through our computer system. The details of your consultation or appointment are confidential between you and the professional you met with or consulted. There are some exceptions to this general rule such as when there are concerns for your own or others safety, or when there is a legal duty to provide health information.

When more than one professional at Student Health and Support is involved in your care (e.g. doctor and/or inclusive education and/or psychologist and/or international student advisor), in certain circumstances, information relevant to your care may be shared between those professionals. This ensures we are all working together to provide you with the best possible support and health care.

If you have any concerns about privacy and confidentiality, or would simply like more information about these topics, please talk to one of us or our Manager.

☐ **I understand that: I am only entitled to be seen at LU Student Health whilst I am a current student at Lincoln University.**

☐ **I understand that: Under the privacy laws Student Health and Support is able to exchange information with other health organisations in the interests of my healthcare.**

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 Details *(where signatory is not the enrolling person)*	Full name	Relationship	Contact phone
	Basis of authority (e.g. parent of child under 16 years of age)		

After completing this form please print it, sign it and email to: healthsupport@lincoln.ac.nz

January 2023