

International Patient Registration Form

Student Health and Support

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



LINCOLN UNIVERSITY
 TE WHARE WĀNAKA O AORAKI

Student ID number	NHI Number (office use only)
Family name: <input style="width: 80%;" type="text"/> Other names: <input style="width: 80%;" type="text"/>	
Preferred name: <input style="width: 80%;" type="text"/> Preferred pronouns: <input style="width: 80%;" type="text"/> Date of birth: <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <div style="text-align: right; font-size: small;">Day Month Year</div>	
Sex (assigned at birth): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other Gender: <input style="width: 80%;" type="text"/>	
Ethnicity: <input style="width: 80%;" type="text"/>	
Phone number: Mobile: <input style="width: 80%;" type="text"/>	
Lincoln University Email address: <input style="width: 80%;" type="text"/>	
Current address: If you live on campus please state which hall/flat/house <input style="width: 80%;" type="text"/> House (or Rapid) Number and Street Name, not a PO Box/Private Bag Street: <input style="width: 80%;" type="text"/> Suburb: <input style="width: 80%;" type="text"/> City: <input style="width: 80%;" type="text"/> Postcode: <input style="width: 80%;" type="text"/>	Postal address: (If different from physical address) House (or Rapid) Number and Street Name/PO Box/Private bag <input style="width: 80%;" type="text"/> <input style="width: 80%;" type="text"/> Suburb: <input style="width: 80%;" type="text"/> City: <input style="width: 80%;" type="text"/> Postcode: <input style="width: 80%;" type="text"/>
Emergency contact details: Name: <input style="width: 80%;" type="text"/> Relationship: <input style="width: 80%;" type="text"/> Contact number: <input style="width: 80%;" type="text"/>	

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.

Only family members of International Students who reside in Lincoln are able to register with Student Health and Support.

- 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	<input type="checkbox"/>	<input type="checkbox"/>
			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 <i>(where signatory is not the enrolling person)</i>	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

Studentsafe Direct Billing Application Form

Please note: Student Health is not an agent for StudentSafe Insurance.

If you have questions about your insurance please see one of the International Student Advisors.

New Enrolment – Student to complete

Under your Studentsafe Inbound University Policy some treatments at the campus healthcare centre and related prescriptions can be billed directly to Allianz Global Assistance. This form must be completed if you wish to apply to use direct billing to pay for eligible treatments.

By completing this form and using direct billing you confirm you accept Allianz Global Assistance can request diagnosis and treatment details related to your healthcare visits, and you are:-

- The authorised Studentsafe Inbound University Policy holder or you are insured under a couple or family policy.
- Aware of the policy terms, conditions limits and direct billing exclusions.

Policy limits exclude health screening, immigration procedures, treatment for weight loss misuse of alcohol, contraception and pregnancy. Please read the policy working for further details.

Direct billing excludes pre-existing medical conditions, alternative medical treatment(s), treatment or testing for sexually transmitted diseases.

If your condition cannot be direct billed, but you believe you are entitled to claim for your treatment to be paid, you can go to www.insurancesafenz.com/claims. For further assistance call **0800 486 004**

Date

Policy Holders Student ID

Policy Holders Name

Policy Holders Signature

If you are not the policy holder, but are covered by a couple or family policy, please also list your details below.

Name

Student ID

Signature

Do you have any pre-existing medical conditions?

No Yes (Please list)

Do you take any medication regularly? (i.e. everyday)

No Yes (Please list)