

Casual Patient Registration Form

Student Health and Support

PO Box 85084, Lincoln University, Lincoln 7647. Phone 03 325 3835, Fax 03 325 3881



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"/>	
Date of birth: <input style="width: 15%; text-align: center;" type="text"/> / <input style="width: 15%; text-align: center;" type="text"/> / <input style="width: 20%; text-align: center;" type="text"/>	
Day Month Year	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender diverse (Please state) <input style="width: 300px;" type="text"/>	
Ethnicity: <input style="width: 300px;" type="text"/>	
New Zealand Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone number: Mobile: <input style="width: 150px;" type="text"/>	
Home: <input style="width: 150px;" type="text"/>	
Email address: <input style="width: 600px;" type="text"/>	

Current address: (University address if relevant) House (or Rapid) Number and Street Name, not a PO Box/Private Bag	Postal address: (If different from physical address) House (or Rapid) Number and Street Name/PO Box/Private bag
Street: <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Suburb: <input style="width: 95%;" type="text"/>	Suburb: <input style="width: 95%;" type="text"/>
City: <input style="width: 95%;" type="text"/>	City: <input style="width: 95%;" type="text"/>
Postcode: <input style="width: 95%;" type="text"/>	Postcode: <input style="width: 95%;" type="text"/>

Emergency contact details:

Name: Relationship: Contact number:

Regular GP: Practice name:

Community Services card number: Expiry date:
(New Zealand Residents)

High User card number: Expiry date:

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.

For security reasons. All requests for medical information to be emailed will be declined. Please collect your information before leaving University for overseas.

- I understand that: I am only entitled to be registered at LU Student Health whilst I am a current student at Lincoln University.
- Please register me (or my child under 16 years who is under my custody) with Student Health & Support.
- 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 <small>(where signatory is not the enrolling person)</small>	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 post to:

Student Health, PO Box 85084, Lincoln University, Lincoln 7674, Christchurch

February 2021