

International Patient Registration Form

Student Health and Support

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

christchurch 



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%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> <small>Day Month Year</small>
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender diverse (Please state) <input style="width: 80%;" type="text"/>	
Ethnicity: <input style="width: 80%;" type="text"/>	New Zealand Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone number: Mobile: <input style="width: 80%;" type="text"/>	Home: <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: 95%;" type="text"/>	Postal address: (If different from physical address) House (or Rapid) Number and Street Name/PO Box/Private bag <input style="width: 95%;" type="text"/>
House (or Rapid) Number and Street Name, not a 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: (New Zealand Residents) Expiry date:

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.

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

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 <input style="width: 95%;" type="text"/>	Day / Month / Year <input style="width: 95%;" type="text"/>	<input type="checkbox"/> Self Signing	<input type="checkbox"/> Authority
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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 <input style="width: 95%;" type="text"/>	Relationship <input style="width: 95%;" type="text"/>	Contact phone <input style="width: 95%;" type="text"/>
	Basis of authority (e.g. parent of child under 16 years of age) <input style="width: 95%;" type="text"/>		

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

August 2022

Studentsafe Direct Billing Check List

Student ID:

Name:

At the time of your visit – If any of the answers to any of the questions below is yes – Allianz Global Assistance cannot be direct billed. The Student must pay for treatment then make an individual claim.

Q1	Is the present condition a pre-existing medical condition or includes signs or symptoms which the student would have been aware of before purchasing the Studentsafe Inbound policy? Such as asthma, acne, hair loss or diabetes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q2	Is the consultation concerning treatment or advice for weight reduction which does not relate to a medical condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q3	Is the consultation concerning routine or preventative vaccination, medical certificates and/or health screening such as flu vaccine, AEGROTAT, mole mapping, mammograms, pap smears where there is no underlying symptom requiring treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q4	Is the consultation concerning contraception (not relating to a medical condition) advice or treatment for pregnancy, childbirth, abortion, infertility, sterilisation or sexually transmitted diseases?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q5	Is the consultation concerning treatment and or advice concerning the misuse of alcohol taking or using non-prescribed drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q6	Is the consultation concerning alternative medical treatment – medical advice or treatment by a chiropractor, acupuncturist, osteopath, podiatrist, dietician or nutritionist	<input type="checkbox"/> Yes <input type="checkbox"/> No

Studentsafe Direct Billing Application Form

New Enrolment – Student to complete

Under your Studentsafe Inbound University Policy the majority of 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 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: and are
- Aware of the policy terms, conditions limits and direct billing exclusions such as
- 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 >Make a claim and download a claim form. The completed form can be emailed to claims@insurancesafenz.co.nz or posted to PO Box 112316 Penrose Auckland, 1642. If you require assistance or further advice 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