

# SOUTHPOINT FAMILY DOCTORS

4/9 Sharkey Street, Manukau, Auckland 2104 - DX Box EP75503, Manukau, Auckland 2104

Phone: 0800 242 200 Fax: 09 262 0079 - Email: [reception@spfd.co.nz](mailto:reception@spfd.co.nz)

Web: [www.southpointfamilydoctors.co.nz](http://www.southpointfamilydoctors.co.nz)



## PATIENT IMMIGRATION FORM

**IMPORTANT: ORIGINAL VALID PASSPORT IS REQUIRED.**

*Legal Name (as per passport)	(Title)	Given Name	Other Given Name(s)	Family Name	
Other Name(s) (e.g. maiden name)		*Gender	<input type="radio"/> Male	<input type="radio"/> Female	<input type="radio"/> Gender diverse
*Birth Details	Day / Month / Year of Birth	Place of Birth		Country of Birth	
What is your current Status?	<input type="radio"/> Visitor Visa Holder	<input type="radio"/> Student Visa Holder	<input type="radio"/> Work Visa Holder	<input type="radio"/> Other	
*Ethnicity Details Which ethnic group(s) do you belong to?	<input type="radio"/> NZ Maori <input type="radio"/> NZ European <input type="radio"/> Samoan <input type="radio"/> Tongan <input type="radio"/> Niuean	<input type="radio"/> Fijian <input type="radio"/> Indian <input type="radio"/> Cambodian <input type="radio"/> Filipino <input type="radio"/> Chinese	<input type="radio"/> Iranian <input type="radio"/> Afghani <input type="radio"/> Arab <input type="radio"/> African <input type="radio"/> Other European	Other (Please state)	
*Contact Details	*Mobile Phone	Home Phone	*Email Address		
*Usual Residential Address	House Number and Street Name		Suburb/Rural Location	Town / City and Postcode	
Postal Address (if different from above)	House Number and Street Name or PO Box Number		Suburb/Rural Delivery	Town / City and Postcode	
*Emergency Contact	Name		Relationship	Phone	

*How long do you intend to stay in NZ?	<input type="radio"/> Less than 6months	<input type="radio"/> 6-12months	<input type="radio"/> 12-18months	<input type="radio"/> More than 24months
*Which Medical Exam are you applying for?	<input type="radio"/> Full Medical & Chest X-ray	<input type="radio"/> Full Medical No X-ray	<input type="radio"/> Full Chest X-ray Only	<input type="radio"/> Add on Tests
	<input type="radio"/> Limited Medical & Chest X-ray	<input type="radio"/> Limited Medical No X-ray	<input type="radio"/> Limited Chest X-ray Only	<b>NZER/NZHR:</b> _____

**Important note: NO CHEST XRAY can be done if PREGNANT.**

*Limited Medical Additional Question	Have you been selected for New Zealand's Refugee Quota Programme* or are you applying under New Zealand's Refugee Quota Family Reunification Category? *This does not include applicants who have been recognised as refugees in NZ (or are the partner or dependent child of a person who has been approved refugee or protection status in New Zealand).	<input type="radio"/> Yes <input type="radio"/> No	
*Employer Details	Company name	Address	Occupation

*Visa Category	TEMPORARY	RESIDENCE	WORK TO RESIDENCE
(Please tick only one subcategory option)  You must confirm with INZ or Immigration advisor if you are unsure.	<input type="radio"/> Visitor <input type="radio"/> Student <input type="radio"/> Work with Job Offer <input type="radio"/> Work Without Job Offer	<input type="radio"/> Skilled / Business <input type="radio"/> Pacific Categories <input type="radio"/> Family <input type="radio"/> Family Humanitarian UNHCR <input type="radio"/> Humanitarian Other <input type="radio"/> Christchurch Response 2019 <input type="radio"/> 2021 Resident Visa <input type="radio"/> Straight to Residence <input type="radio"/> Business/Investor	<input type="radio"/> Worker <input type="radio"/> Family of Worker

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## SPECIAL TERMS & CONDITIONS FOR YOUR ACKNOWLEDGEMENT

- You must provide your valid original passport. No copy or expired passports will be accepted.
- All fees must be paid for at time of service.
- We will NOT provide a refund for medicals we have completed if you decide to change your mind.
- You must make sure the visa applying for is correct and Immigration Form is completed correctly.
- If you need advice regarding your visa application, please contact INZ or your case manager before undergoing the medical examination process.

### A \$60 additional free will be applied for the following conditions:

- **DNA** - Failure to attend any booked appointment will incur an additional fee.
- **Cancellation/Reschedule** - To cancel or reschedule your appointment you must contact Southpoint Family Doctors on 0800 242 200 a minimum of 48 hours (2 days) before your appointment or an additional fee will apply.
- **False Information** - If you provide false or inaccurate data to Southpoint Family Doctors and your Immigration Visa application is declined by Immigration NZ – your fees are NON-REFUNDABLE.

**By signing this form, you agree to the conditions outlined above and acknowledge that any applicable additional fees are due at the time of service.**

<b>Signatory Details</b>			<input type="checkbox"/>	<input type="checkbox"/>
	Signature	Day / Month / Year	Self	*Authority
<i>If patient unable to sign, an authority has the legal right to sign for another person if for some reason they are unable to consent on their own behalf</i>				
<b>*Authority Details</b>	Full Name		Contact Phone	
	Basis of authority (e.g. parent of a child under 16 years of age)			

<i>Office Use Only</i> <i>Complete by:</i>	Payment received	Patient Information electronic update	Consent Form Signed and uploaded	Photo taken	2nd Appt Booked
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>