## PRACTICE ENROLMENT FORM CHECKLIST

Obtain list of 100 random NHI's via your healthlink folder or PHO reports folder Retrieve patient's enrolment form Check enrolment form against checklist



Patient Name/ NHI Number	Practice name	On PMS	Family Name*	First Name*	Other Given Name*	Place of Birth*	Country of Birth*	Gender*	Physical Address*	Ethnicity*	Eligibility/E nrolment Clause*	Signature or Signed Authority*	Enrolment date on PMS = Enrolment Form	Enrolment Method = Enrolment Form	Date of Last Consult / Supporting Notes	Eligibility/ Entitlement tested
																<del> </del>
																<del>                                     </del>
TOTAL	/25	/25	/25	/25 f 1 Sent 2017	/25	/25	/25	/25	/25	/25	/25	/25	/25	/25	/25	/25

<sup>\*</sup>mandatory fields required on enrolment form as of 1 Sept 2017