



Registration Form

MUST ATTACH PATIENT LABEL HERE

SURNAME: _____ NHI: _____

FIRST NAMES: _____ DOB: _____

Please ensure you attach the correct visit patient label

ACC ACCIDENT AND EMPLOYMENT DETAILS

Date of accident: _____ Time of accident: _____ am pm

Accident scene? Home School Sports area Farm/Orchard Industrial/construction area

Medical Area Recreational area/Public building Non-recreational/Commercial area

Highway/Street/Road Other Transport Area Other _____

Accident location: (e.g. Auckland, Taupo) _____

Did the accident occur in New Zealand? Yes No

What were you doing? Paid work Unpaid work Education Sports/Exercise Play/Leisure

Other Specified activity Being taken care of Travelling Vital activity

Other _____

Did the accident involve a moving vehicle on a public road, driveway, beach? Yes No

If sporting injury, name the sport _____

What happened to you? Motor vehicle – driver Motor vehicle – passenger On bicycle

Motorcycle – driver Motorcycle – passenger Pedestrian (walking) Other transport-related

Burn Animal Low fall (<1m) High fall (>1m) Drown Other threat to breathing

Poison Cut or pierce Collision Other _____

How was the injury caused? _____

Occupation? _____

I am in paid employment I own / part own the company in which I work

I am self-employed I am not in paid employment

What type of work do you do? Sedentary Light Medium Heavy Very heavy

Did the accident occur at work? Yes No

Name of business: _____

Address of business: _____

PATIENT AUTHORISATION AND DECLARATION

To assess cover and/or entitlements, ACC may need to collect medical and other records about you from a third party. For more details see ACC's privacy notice at www.acc.co.nz/privacy.

I authorise:

- ACC to collect medical and other records which are or may be relevant to my claim
• The treatment provider to lodge this claim for me.

I declare that the information I have given in this form is true and correct.

Name: _____ Signature: _____
(Patient / Guardian / Representative)

Relationship: _____ Date: _____

REGISTRATION FORM

CR0001