HUISARTSENPRAKTIJK

LINNE

REGISTRATION FORM

GP practice details:

Adress: Maasbrachterweg 72, 6067 CS Linne

AGB-Code Praktijk: 01010914

Telephonenumber: +31 475 - 46 33 75

Desired date of registration: _____

Patiënt details:

Citizen Service Number (BSN) _____

Initials _____

First name _____

Surname _____ Naam partner _____

Day of birth _____

Streetname + nmbr _____

Postalcode/place of residence _____

Gender ☐ Male ☐ Female

E-mail _____

Tel Nmbr. _____

Health Insurance _____

Policy number _____

Contactperson _____ Relation _____

Tel nmbr. _____

Preferred pharmacy _____

Name and location previous GP _____

Toestemming:

- I hereby declare that I have deregistered with my previous GP and give permission to request my medical records from them. ☐ Yes ☐ No
- I agree to the practice creating a portal for me on 'Uw Zorg Online' ☐ Yes ☐ No

Date: _____

Signature:

Ages 12 and up _____

Signature both parents:

For children up to and including the age of 16: _____ _____

Medical information:

Are you receiving treatment from the practice nurse for physical health issues? If so, for what condition?

- [ ] No
- [ ] Yes _____

Are you being treated by a specialist? If so, by whom and for what condition?

- [ ] No
- [ ] Yes _____

Do you have any allergies? If so, to what?

- [ ] No
- [ ] Yes _____

Do you take any medication? If so, which medications and what dosage?

- [ ] No
- [ ] Yes _____

Do you currently suffer from an illness or medical condition? If so, which one, and since what year?

- [ ] No
- [ ] Yes _____

Have you had a serious illness or medical condition in the past? If so, which one(s) and during what period?

- [ ] No
- [ ] Yes _____

Additional information:

- Healthcare providers sometimes need your medical records from other providers so they can assist you better. Exchanging your data sometimes requires your consent. Please indicate your preference regarding the sharing of your medical records at http://www.mijnmitz.nl.
- Submit this registration form in person at the reception desk and bring your proof of identity.

To be filled in by the assistant

Soort identificatie:

- [ ] Nederlands paspoort
- [ ] Nederlandse Identiteitskaart
- [ ] Nederlands rijbewijs
- [ ] Buitenlands paspoort, nationaliteit: _____
- [ ] Vreemdelingen document

Documentnummer: _____

Datum van afgifte inschrijfformulier: _____

Initialen DA: _____