

REGISTRATION FORM General practice van Duivenboden

If it is too difficult for you to fill in this form, you can call **026-4421613** or come by the counter in our practice.

YOUR PERSONAL DETAILS

Name and initials

Date of birth (Day/Month/Year)

Gender (Male/Female/X)

Social security number

Passport-/ Driver's license/ID card number

ADDRESS DETAILS

Street name and house number

Postal code and city

Telephone number

Mobile number

Email address

Civil stands	Unmarried	Registered partnership
	Married	Divorced
	Remarried	Widow
	Long-distance relationship	

Family situation

Living alone
Living together

Do you have children?

No
Yes

INSURANCE DETAILS

Name health insurer

Number of your health insurance

PHARMACY

Which pharmacy will you make use of ?

CONTACT PERSON IN CASE OF EMERGENCIES

Name

Relation to contact person

Telephone number

OLD FACTS

Name previous GP

Address previous GP

Phone number previous GP

By filling in and signing this form you agree with your registration in our practice. With this form you also give permission that we request your medical data from your previous General Practitioner (GP). We store your medical data carefully in accordance with the guidelines of the Royal Dutch Society for the Promotion of Medicine (KNMG).

Medical questionnaire

ALLERGIES

Are you allergic or hypersensitive?

Hay fever (pollen allergy)

House dust mites

Pets

Food allergy, namely:

Contact allergy, namely:

Medicines, namely:

SPECIALIST

Are you under treatment by an specialist?

No

Yes, namely

HEREDITARY DISEASES

Come hereditary disease for in your family?

No

Yes, namely

WORK

Occupation:

Pension/early retirement

My work was:

I am unemployed since

My work was:

I am incapacitated for work since

Reason:

I am a student

Name study:

I work in household/ I am taking care of someone/ other

SPORT

Are you practicing a sport?

Yes, namely

No

SMOKING

Do you smoke ?

No

Formerly, I stopped since

Yes, how much?

OTHER

Have you experienced any major events that influenced your life in a bad maner?

No

Yes, namely

Are there other things that you think are important to tell your GP?

No

Yes, namely

CONSENT FORM LSP

Do you give permission for sharing your medical data with other health care providers?

YES

I give permission to the GP's of Huisartsenpraktijk van Duivenboden to make my data, or the data of my child (till 15 years old), available to consult by other health care providers as is mentioned on the site www.vzvz.nl.

NO

I do not give permission to the GP's of Huisartsenpraktijk van Duivenboden to make my data, or the data of my child (till 15 years old), available to consult by other health care providers as is mentioned on the site www.vzvz.nl.

This form requests your consent to disclose your medical records for access, if necessary for your treatment by the out-of-hours GP, pharmacy, or specialist. The electronic National Switchboard (LSP) has been in use since September 2013. At the recommendation of the government and relevant parties, our medical records have been made electronically accessible for secure remote consultation by the aforementioned healthcare providers. Your healthcare provider can only access your records if you have given your consent. For more information, please visit www.vzvz.nl

COMPLETING YOUR REGISTRATION

Thank you very much for filling in this form. Please check if your name, date and signature are at the bottom of this page.

All information falls under the medical professional secrecy. Therefore, we will handle it with care.

You can download the completed registration form and email it to praktijkvanduivenboden@mcspan.nl.

We would like to plan an initial interview. If we have your details we will get in touch with you.

Your name

Current date

Signature