**REGISTRATIONFORM-CONFIDENTIAL**

The undersigned declares that M. van Duivenboden in Arnhem is his/her general practioner.

Name and first name : …………………………………………………

Date of Birth : ………………………………………………….

Address : ………………………………………………….

Postcode and city : ………………………………………………….

Phone number : …………………………..………………………

E-mail :……………………………………………………

Health Insurance : …………………………………………………..  
  
Insurancenumber : ………………………………………………….

Citizen Service Number (BSN) : …………………………………………………..

Number Passport : …………………………………………………..

Pharmacy : …………………………………………………..

Date : ………………………………………………….

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Former General Practioner

Name : ……………………………………………………

Address : ……………………………………………………

I agree by signing this document that docter M. van Duivenboden requests my medical records at the former general practioner.

**Medicom code: DU**

**Signature**

Date : ……………………………………………………   
  
City : ……………………………………………………

Signature : ……………………………………………………

CONTINUATION

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| M m/f | Name | Initials | Date of birth | Health insurance company | Insurancenumber | Citizen  Service  Number (BSN) |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |

It is useful if assistants and general practitioners at the GP post (weekends and evenings) can also view your medical data. This concerns the medication overview, any allergies, a brief overview of the most important medical conditions and the last contacts with the GP.  
  
  
I give permission for the exchange of medical data with the GP post:  
  
**YES / NO** (cross out what does not apply to you)

**Ondertekening**  
Date : ……………………………………………………   
  
City : ……………………………………………………

Signature : ……………………………………………………