

Registration form new patients

www.dreishuisarts.nl

			Explanation
1.	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Indicate what is applicable
2.	Date of birth (year-month-day)		DOB: YYYY-MM-DD
3.	Marital status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Living together <input type="checkbox"/> Wid.	Indicate what is applicable
4.	Surname		Your surname
5.	Surname wife/husband		If applicable
6.	Initial(s)		Your initials
7.	First name		Your First name
8.	Address (Street/number)		Your address
9.	Area code		Your area code: ####AA
10.	City		Your city
11.	Landline		Your landline phone number
12.	Mobile Phone		Your mobile phone number
13.	E-mail address		Your e-mail address
14.	Social Security number (BSN)		Your Dutch social security number
15.	Health Insurance company ¹⁾		Your health Insurance company
16.	Health Insurance ID-number		Health Insurance ID-number
17.	Pharmacy ²⁾		Your pharmacy
18.	Previous general practitioner		Your previous GP (name/address, if in the Netherlands)
19.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Consent for requesting my medical record from my former GP (if in the Netherlands)	Consent for requesting your medical record from your former GP
20.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Consent for connecting my medical digital record to the LSP (an 'Electronic Patient Document') (see www.vzvz.nl)	Consent for connecting your digital medical record to the LSP
21.	Date		Registration date (yyyy-mm-dd)
22.	Signature		Your signature

¹⁾ To complete the registration you need to come to the practise with your ID-card and health insurance card.

²⁾ Our practice has an on-line connection with a number of pharmacies (see website or ask the assistant)

Inschrijfformulier gescand	COV	ION	Legitimatiebewijs	Medisch dossier opgevraagd	Medisch dossier Gescand