

Registration new patient Family Practice "Schenkel"

A

New patient details

Last name Sex: Female Male
Initials / First name Date of birth/...../.....
Address
Postal code and city
Mobile phone 06 - Home Phone
E-mail
Emergency contact (name, phone no, relationship)
Burger Service Nummer BSN (*citizen service number*)
Insurance company and policy number
Marital status Married Divorced Widowed since
(adults) Living together Single Registered Partnership

My pharmacy:

Schenkel BENU Rozenburcht BENU Oostgaarde Schollevaar
 Spoorlaan 's-Gravenland other:

Details previous GP (general practitioner/huisarts)

Name GP
City
Is your medical file known to us ? Yes, I brought it with me or it has already been transferred by my previous GP
 No, but on/...../..... (date) I have asked my previous GP to send my medical data to my new GP
 No, I still need to sort this out

As of today I want to register as a regular patient at:



Huisartsenpraktijk Schenkel

Bongerd 2, 2906 VK Capelle aan den IJssel
tel: 010-4512512 / fax: 010-4424364
AGB: 01052913

I* give my previous GP permission to transfer my medical data to the above medical practice.
I also hereby give permission to process the data about me and my health in the context of the care to be provided and to share data with other care providers, insofar as necessary for my treatment.

Date/...../..... Signature

* for children up to the age of 16, the legal representative must grant (co-)permission

Please do not fill in below this line

pt in mcom ONI verzekering WID ID documentnr : RB / PP / IND
 ptrn lijst ptrn stamkrt ION dossier ontvangen dossier ingevoerd

KM j
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Medical data new patient

B

| | |
|------------|---------------------------------|
| Name | Date of birth/...../..... |
|------------|---------------------------------|

Illnesses and operations
(e.g. high blood pressure, diabetes, cerebral infarction/TIA, heart attack, appendectomy, asthma, broken leg, depression, migraine etc, etc)

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What medicines do you use? (including inhaled medications, insulin and "as needed" medications)
Please also state the dosage (number of milligrams, number of times per day, etc)

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Allergies

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Other details/notes worth mentioning

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