Registration form for new patients

huisartsenpraktijk
Setz & Van der Knaap

(* circle what applies)

Surname: .....

Maiden name: .....

Initials/first name: .....

Date of birth/place: .....

Gender *: Male/ Female

Full address: .....

Telephone number(s): .....

Email address: .....

Health Insurance: .....

Policy number: .....

Citizen service number: .....
(Please attach a copy of your insurance card)

Pharmacy *: Zonegge / Anjer

Are you familiar with hypersensitivities/ allergies? (e.g. medication, latex etc.) :

.....

.....

Do you have chronic diseases? (e.g. diabetes or high blood pressure, lung diseases):

.....

.....

.....

Did you receive annual check-ups and/or lab calls from your previous GP? If so, which one?

.....

Details of previous GP: .....

Permission to request data from your previous GP **YES / NO** *
Permission for registration LSP Opt-in (see www.volgjezorg.nl) **YES / NO** *

(If a minor, the form must be signed by both authoritative parents/guardians.)

Signature: Date:

Please request your previous GP to send your medical file to us via healthcare email.

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