

# GP practices Conservatoriumlaan

## Registration form new patients

Last name, initials: \_\_\_\_\_  
First name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ M / F\*  
Adres: \_\_\_\_\_  
Zipcode: \_\_\_\_\_ Residence: \_\_\_\_\_  
Telephone number: \_\_\_\_\_ Mobile number: \_\_\_\_\_  
E-mail adress: \_\_\_\_\_  
BSN number: \_\_\_\_\_  
ID: Passport / ID card\* number.: \_\_\_\_\_

Choice of GP: Wijffels/ Mees/ Hekking: \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy nr.: \_\_\_\_\_  
(New) pharmacy: \_\_\_\_\_  
Previous GP: \_\_\_\_\_ Residence: \_\_\_\_\_

### Medical history

- Have you ever had an allergy to medicines or otherwise? \_\_\_\_\_
- Are you being treated by a specialist? If so, in which hospital, name of specialist and for what purpose? Or do you have a chronic illness?  
\_\_\_\_\_  
\_\_\_\_\_

Do you use medicines: Yes / No\*

Please request an overview of your medication from your pharmacy and take it with you during your first visit to the doctor.

Do you agree to inspect your medical file for the acting (general practitioner) doctor (in the absence of your own GP and / or visit to a GP post) and pharmacy? YES / NO\*For more information, see [www.vzvz.nl](http://www.vzvz.nl)

Do you want digital access to the care portal? YES/NO\*

For more information and to download the app: [www.uwzorgonline.nl](http://www.uwzorgonline.nl) and sign up

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*Please leave the below open for practice assistant*

Aangenomen en gecontroleerd door	
Datum	
Datum kennismaking	