Praktijk Perte
huisartsen

Dear Sir / Madam,

Welcome to our practice! You can register with us as a patient if you live nearby our practice (<15 minutes by car). We ask you to complete the registration form, print it and hand it in personally at the practice. Your ID will be checked on site; we kindly ask you to bring it with you. A copy of your ID and insurance card is not required.

Please note: you are only definitively registered as a patient with us once we have checked the registration form and if we've got you medical file from your previous GP.

A separate registration form must be completed for each family member.
For children up to 12 years old, both parents or guardian(s) must sign.
For children aged 12-16, both parents or guardians and the child must sign.
Children aged 16 and over must complete and sign their own form.

We request that you inform your previous general practitioner, pharmacy and treating specialist(s) of your registration at this practice.

When a baby is born, a new medical file must be created for your child. It helps us if you also provide all registration details for your newborn.

The practice is run by C.P.R. Verbeek and G.Y. Zelvelder. You are registered with your own specific doctor, you mostly get treated by your own general practitioner, but inhere appropriate you will be seen by another GP.

An introductory meeting is desirable, especially if you have an extensive medical history.

We wish you a warm welcome to the practice!

Yours sincerely,

C.P.R. Verbeek, general practitioner
G.Y. Zelvelder, general practitioner

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Registration form General Practice

0 C.P.R. Verbeek Identity check ☐

0 G. Zelvelder

Personal data

Surname :.....

Initials :.....

Maiden name :.....

Firstname :.....

Date of birth :.....

Gender :**0** male **0** female **0** other

Citizen service number :.....

Identificationdocument :**0** Identity card **0** Passport

Document number ID/Passport :.....

Pharmacy :.....

ICE :.....

(Who to call in case of emergency)

Address data

Street name and number :.....

Postal code/residence :.....

Telephone number(s) :.....

E-mail address :.....

Private data

What is jou family composition :**0** living alone **0** living together **0** married

0 divorced **0** widow(er) **0** living at home

What do you do in everyday life :.....

Do you have children :0 no 0 yes

- If yes, how many: : .....living at home/.....living away from home

Insurance information

Health insurer name :.....

Insurance number :.....

Name and telephone number/e-mail adress employer among migrant workers

:.....

Praktijk Perte

Bilderdijkplein 23a 7901 JM Hoogeveen

Tel: 0528-262023 Spoed:0528-236241

Website: www.praktijkperte.nl

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Details of previous GP

Name :.....

Address :.....

Residence :.....

Telephone number :.....

Reason for deregistration :0 relocation/distance 0 other:.....

Contactperson in case of serious emergencies

Name :.....

Telephone number :.....

Relation to you :.....

Medical data:

Are the following conditions or diseases occur to you?

0 Diabetes
0 Heart and vascular disease, wich one: .....
0 Kidney disease
0 Lung disease, wich one: (asthma, COPD of hay fever).....
0 Joint complaints
0 Thyriod disease
0 Skin disease
0 Neurological disorders (epilepsy, Parkinson's disease of Muliple Sclerosis)
0 Gastrointestinal disease
0 Psychiatric history with diagnosis
0 (a form of) cancer:.....
0 Other disease that may be important to us:.....
0 Operations year

....

....

....

Are you hypersensitive or allergic to medicines or additives?

0 no 0 yes

Name medicine/additive side effects

....

....

....

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Are you taking any medications?

0 no 0 yes

Name of medicine	number of mg	your use
……..	……	……a day/ a week
……..	……	…… a day/ a week
……..	……	…… a day/ a week
……..	……	……a day/ a week
……..	……	……a day/ a week
……..	……	……a day/ a week

Did you recieve a flu vaccination before??

0 no* 0 yes, what's the reason:……

Are you being treated bij a specialist?

0 no 0 yes:

Name specialist	Specialty	Name or residence Hospital
……	……	…….
……	……	…….
……	……	……..

Are there any important events your medical history that we should be aware of?

0 no 0 yes, namely :……..

For women

What contraception are you using?

0 no 0 birth control pill 0 Intra Uterine Device (IUD) 0 Hormonal implant 0 Vaginal ring
0 contraceptive patch 0 birth control injection

Are you currently pregnant?

0 no 0 yes, how many weeks:……

particularities:……

Please tick what applies to you:

Home care	:0 no	0 yes	in the future	0 no	0 yes
Donor	:0 no	0 yes	in the future	0 no	0 yes
Euthanasia statement	:0 no	0 yes	in the future	0 no	0 yes
Do not resuscitate statement	:0 no	0 yes	in the future	0 no	0 yes

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Are there any other things you would like to discuss with your doctor?:

0 no 0 yes, namely:……

0 Yes, i will discuss this during my conversation with my doctor.

Permission to use your own digital portal

- It gives you the opportunity to see your own medical file, make appointments and ask for your chronical prescriptions.

- Agree digital portal

yes

No

Permission LSP

- If you have given permission for this, your GP and / or pharmacy will inform the LSP that your medical information has been made available. Other healthcare providers can then request your current medical information. This is only allowed if it is necessary for your treatment.

  Find more information on www.vzvz.nl.
- Agree LSP

yes

No

Your data will be treated confidentially as prescribed in the Personal Data Protection Act.

Date of signature : ……

Signature :……..

Bij filling in the date of signing, your name and sending this form, you're giving us permission to inform your previous GP about your registration in our practice. Also you give us permission to ask for your previous care file. As soon as we recieved your fully completed registration we will register you as a patient in our practice.

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