

REGISTRATION FORM

Dear Sir, Madam,

With your registration as a new patient, please answer the questions below. Please bring the form to the introduction and do not send it back to the practice. The questionnaire is taken with you during the introduction.

<input type="checkbox"/> GP Feenstra en Geenen
<input type="checkbox"/> GP Makkink
<input type="checkbox"/> GP Hulsebosch
<input type="checkbox"/> GP van Aken, Siccama en Dirkzwager

➤ Please bring (a copy of your) identification with you

<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Surname			
First name		Initials	
Date of birth		Place of birth	
Address			
Postal code		City	
Mobile phone		Home	
Email address			

BSN number (SSN, Social Security Number)	
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Kind of identity card and number:	Identity number:
<input type="checkbox"/> Passport	
<input type="checkbox"/> Identity card	<input type="checkbox"/>
<input type="checkbox"/> Driving license	<input type="checkbox"/>
Expiry date:	

Civil status	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widow(er)
Children	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Profession			
Pharmacy			
Previous G.P		City	
Insurance		Card number	

Please fill in every page, one registration form for every family member.

GEZONDHEID EN ZIEKTEN

1) 1) Have you ever suffered from:
<input type="checkbox"/> Diabetes <input type="checkbox"/> Lung diseases <input type="checkbox"/> High blood pressure <input type="checkbox"/> Coronary diseases <input type="checkbox"/> Depression or fears <input type="checkbox"/> Liver or intestinal diseases <input type="checkbox"/> Eating disorders <input type="checkbox"/> Sustained pain in the joints <input type="checkbox"/> Venereal diseases <input type="checkbox"/> Thyroid diseases <input type="checkbox"/> Epilepsy <input type="checkbox"/> Cancer

2) Are you under treatment by a specialist?
<input type="checkbox"/> No <input type="checkbox"/> Yes, namely:

3) Do you use any medication	<input type="checkbox"/> No	<input type="checkbox"/> Yes, namely:
Medication	Dosage (mg)	Amount
1.		
2.		
3.		
4.		

4) Are you allergic to certain types of medication or other substances
<input type="checkbox"/> No <input type="checkbox"/> Yes, namely:

5) Any other important medical information

6) Diseases running in the family:
<input type="checkbox"/> Diabetes <input type="checkbox"/> High blood pressure <input type="checkbox"/> Coronary diseases < 60 yr <input type="checkbox"/> Cancer <input type="checkbox"/> No diseases

7) Have you ever suffered a major incident and / or operation?
<input type="checkbox"/> No <input type="checkbox"/> Yes, namely:

8) Contact person (family member) in case of emergency's	
Name	
Telephone number	

9) Are you in possession of a euthanasia statement?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes

10) Are you registered with the Donorregister?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes

Authorization for automatic Payment

Normally all invoices are sent electronically and directly to the health insurance. If these are not paid for certain reasons (this may be because you did not report a relocation), we are obliged to declare the amounts due to you. We declare a registration fee and associated modules every quarter. This is independent whether or not you visit the practice. You hereby authorize and agree with this.

I hereby authorise Medical Centre Loudon general practitioners Feenstra, Geenen – Hulsebosch - Makkink – van Aken, Siccama, Dirkzwager to debit my account, as required, for medical services provided for the following patients

Surname and initials	Date of birth
1.	
2.	

Name and initials of the bank account holder	
IBAN number	

If the signatory doesn't agree with the debit of the account, he/she has the possibility to inquire his/her bank to refund the amount.

City	Date	Signature

Deregister previous GP

We kindly ask you to make sure that you deregister yourself at your previous GP and that we receive your medical record within 1 week after registration at MC Landscheiding.

ONLY COMPLETELY FILLED OUT FORMS WILL BE ACCEPTED.