



Welcome to huisartsenpraktijk de Koningin

www.huisartsendekoningin.nl

Koninginneweg 31, 2012 GJ Haarlem

General practioners

K. Baas BIG-nummer 19061361201

I. van Sloten BIG-nummer 39915150001

Please fill in this form completely

Name and surname:

.....

Initials:

.....

Gender:

Date of birth:

.....

Place and country of birth:

.....

Address:

.....

Postal code / city:

.....

Phone number:

.....

Mobile phone number:

.....

BSN:

.....

E-mail adress:

.....

Insurance company:

.....

Insurance number:

.....

Pharmacy:

.....

Religion:

.....

Name + address former GP:

.....

Reason for new GP:

.....

Contact person (name + phone nummer):

Living situation:

- single
- married with:
- living together with:
- divorced since:
- widow / widower since:

Do you take (prescribed) medication?

- No
- Yes: please add your medication passport

Do you have children?

- No
- Yes:, of which living at home

Do you have allergies:

- Medication:
- Food:
- Hay fever etc:

Profession / study

I study / my profession is:

Did you ever get an influenza vaccination?

- No
- Yes, reason

Unemployed / unable to work, since:

Have you ever had / do you have:

- Diabetes
- Pulmonary illness (a.o. asthma, bronchitis, tbc)
- High blood pressure
- Hypercholesterolemia
- Heart / vascular disease
- Burn out
- Depression / anxiety
- Eating disorder
- Liver- or intestinal diseases
- Joint disease
- STD's
- Thyroid disorders
- Other serious illnesses, such as:
.....

Do you use alcohol, tobacco or drugs?

- No
- Yes, Alcohol: glasses a week
Cigarettes: a day, since:
- Drugs, namely:

Have you ever been tested for HIV / AIDS?

- No
- Yes, result: (HIV) positive / negative

Did you ever have a serious accident?

- No
- Yes:

Have you ever been a victim of sexual, physical or mental abuse?

- No
- Yes, namely:

Are you currently under treatment of a medical specialist?

- No
- Yes: specialism / illness:
.....
.....

Have you ever had surgery?

- No
- Yes, namely / year:
.....

Which illness runs in your family? With whom?

- Diabetes:
- High blood pressure:
- Heart / vascular disease:
- Stroke:
- Asthma / chronic bronchitis:
- Cancer:
- Kidney disease:
- Mental illness:

FOR WOMEN

Did you ever have a PAP smear?

- No
- Yes, year: Result

Did you ever have a mammogram?

- No
- Yes, year: Result:

I hereby give permission for sharing medical information via the LSP (only accessible by other doctors)
Yes / No for more information: www.ikgeeftoestemming.nl

Your information will be treated confidentially conform the General Data Protection Regulation (GDPR)

Date:

Signature:

Registration as a new patient



I, the undersigned, hereby declare that since (date) I am registered as a patient at:

Huisartspraktijk	De Koningin
Adres	Koninginneweg 31
Plaats	2012 GJ Haarlem
AGB-code zorgverleners	01028459 / 01102611
AGB-code praktijk	01057437

Name

Address.....

City

Date of birth

BSN.....

I hereby give permission that my medical records will be transferred from my previous general practitioner to Huisartsenpraktijk de Koningin

Place

Date

Signature: