REGISTRATION FORM HUISARTSENPRAKTIJK DE KONINGIN

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:

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

Do you have children?

- o No
- o Yes: ……. , of which.....living at home

Profession / study

I study / my profession is: ……

Unemployed / unable to work, since: .....

Do you take (prescripted) medication?

- o No
- o Yes: please add your medication passport

Do you have allergies:

- o Medication: ……..……..
- o Food: ……..……
- o Hay fever etc: ……

Did you ever get an influenza vaccination?

- o No
- o Yes, reason ……..

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

  Sigarettes: …… 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: ……..

Consent to exchange medical data via Mitz

Healthcare providers sometimes need your medical data from other healthcare providers. This allows them to help you better. Sometimes, consent is required to exchange your data. Your own healthcare providers may only make medical data available with your consent. A new healthcare provider can then electronically request your medical data if necessary for your treatment.

You can arrange this consent yourself via: https://www.mijnmitz.nl/

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: