



**Registration form for new patiënts**  
**Medisch Centrum Beek en Donk**

Compleet te form below and het it in **signed**, you can give it to one of our assistants, together wit te **consent form for the LSP**

I hereby confirm that I since \_\_\_\_\_ (date)  
Registered as patiënt by **drs Manders & drs Meeuwis / drs Oerlemans / drs Eijkemans & drs Velthuis**

**My details**

Family name \_\_\_\_\_  
 Initials \_\_\_\_\_  
 Nickname \_\_\_\_\_  
 Date of birth \_\_\_\_\_  
 Gender  Male  Female

**Address**

Address \_\_\_\_\_  
 Zipcode, Town \_\_\_\_\_  
 Phone (partents/guardian) \_\_\_\_\_  
 Email \_\_\_\_\_

BSN \_\_\_\_\_  
 Health insurance \_\_\_\_\_  
 Insurance number \_\_\_\_\_

Former GP \_\_\_\_\_  
 Address \_\_\_\_\_

Nem pharmacy \_\_\_\_\_

I give permission to request my medical file fort the previous GP Yes/No

**Emergency contact**

Name \_\_\_\_\_  
 Phonenumber \_\_\_\_\_  
 Kind of relationship \_\_\_\_\_

<b>Gezien door huisarts</b>		<b>NAW overgenomen</b>		<b>ION aangemeld</b>		<b>Opt-in</b>		<b>Ingescand</b>	
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Please complete a separate form for each person together with the attachment.

Your GP may first invite you for a consultation for an introductory meeting before the registration can be finalized. The main reason for this is that, especially in the case of a complex medical history, we believe it's important that there is a good basis for a mutual relationship of trust.

**Date:**

**Signature:**

Please let your previous GP known as soon as possible after confirmation of your registration to send your medical data digitally to Medisch Centrum Beek en Donk.

**BVD. TEAM MEDISCH CENTRUM BEEK EN DONK**

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**Attachment 1:**

We always like to be informed about your health situation and therefore ask you to answer the following questions for us?

<b>What is the reason you are going to another GP?</b>	
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<b>Family situation?:</b>	Married	Living together.	Single	Otherwise:
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<b>Is there someone in your residential contact who is already registered in our practice? If your answer is yes, wich GP and what is the date of birth?</b>	
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<b>Did you have of had you suffer from:</b>			
<i>Diseases:</i>	<i>Ja/yes</i>	<i>Nee/no</i>	
Heart or vascular diseases:			
Lung diseases?			
Burn-out or depression?			
Liver or bowel diseases?			
Persistent joint complaints?			
Thyriod diseases?			
Other serieus illnesses?			Wich?
STD?			
Undergo surgery:			Wich?

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			When?
Are you being treated by a medical specialist?			
Are you taking any medicines?			Wich?
Are you allergic to anything?			Whatfor?
Are you using alcohol?			How many units per day?
Are you using drugs?			Which?
Have you been a victim of violence?			
Diabetic?			
High cholesterol?			
Hypertension?			

**Health risks:**

	<i>yes</i>	<i>No</i>	
Smoking:			How many cigarettes:
When did you quit smoking?			How many years:
Weight:			
Length:			

**Wich diseases run in your family and in whom?**

	<i>Yes</i>	<i>No</i>
Diabetes mellitus		
Hypertension		
Heart and vascular diseases		
Stroke		
	<i>Yes</i>	<i>No</i>
Lung diseases:		

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Mental illness:		
Cancer:		
Other diseases:		

**A consent form is included in the enclosed informatie booklet about exchanging medical data. Please ensure that tis is completed and submitted along with your registration form.**

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