

REGISTRATION FORM GP PRACTICE TETERINGEN

You want to register as a new patient in our practice.
A warm welcome!

Fill in this form and the questionnaire as completely as possible and we kindly ask you to inform your previous GP that you are switching to us, so that we can request your medical file.

You would like to register with:

Doctor Brouwer Doctor Verdenius Doctor Bosman

Registration by date _____ - _____ - _____

0 Man 0 Female 0 Other

Name:

Address and number:

ZIP code and residence:

Phone number:

E-mail address:

Date of birth:

BSN-number:

Identification: 0 ID-card 0 Passport 0 Drivers license 0 Other

Document number:

Insured with:

Relation number:

If you are going to live together with a patient already known to us, please mention their name and date of birth _____

Details of previous GP:

Name:

Address:

Phone number:

Date:

Signature:

QUESTIONNAIRE GP PRACTICE TETERINGEN

General practice Teteringen wants to offer you personal and good care. This means that we pay attention to your health now and in the future. Therefore, we would like to ask you to complete this questionnaire.

Would you like an introductory meeting?: 0 Yes 0 No

You can prepare for this interview via www.thuisarts.nl/kennismakingsoverzicht-met-huisarts.

Would you like to sign up for MijnGezondheid.net? (16+): 0 Yes 0 No

For more information about MGN see last page.

What is your profession _____

In addition to your prescribed medication, do you use other (over-the-counter) products (such as supplements)? 0 Yes 0 No

If yes, which one:

Are you familiar with an allergy of hypersensitivity to medicines?:

0 Yes 0 No

If yes, which one:

What is your weight: _____

What is your height?: _____

Do you smoke?: 0 Yes 0 No

If yes, how many cigarettes/ cigars per day: _____

Smoked in the past? _____ till _____

Do you drink alcohol?: 0 Yes 0 No

If yes, how many glasses per day: _____

Do you use drugs?: 0 Yes 0 No

If yes, which one: _____

Do you have a do not resuscitate statement? 0 Yes 0 No

If yes, would you please submit a copy of this.

Do you have a will? 0 Yes 0 No

If yes, would you please submit a copy of this.

Are you registered as a donor?

0 Yes 0 No 0 Choice of family

Would you like a contact person mentioned in your file? 0 Yes 0 No

If so, please state the name, telephone number and relationship of the contact person:

Do you have any hereditary disorders in your family?: 0 Yes 0 No

If yes, which one:

Are there any other important things you think your GP should know?

Do not forgot to fill in the following form about the LSP as well.

CONSENT FORM WEST-BRABANT

ELECTRONIC EXCHANGE OF MEDICAL DATA WHEN OBSERVED

PERMISSION

On this form we ask you to give permission to exchange your medical data and the data of your medication use between general practitioners and pharmacies. Read the folder "Better help with good information". Please tick below whether or not you give permission to the general practitioner and return this form immediately.

HUISARTS

JA NEE

NAAM: **Huisartsenpraktijk Teteringen (Huisarts Elmans-Reuvers, Huisarts de Kam, Huisarts Raaijmakers, Huisarts van Nispel)**

ADRES: **Willem Alexanderplein 2**

POSTCODE EN PLAATS: **4847 AL Teteringen**

MY DETAILS *All fields on this consent form must be completed in full.

ACHTERNAAM:

VOORLETTERS:

M V

ADRES:

POSTCODE EN PLAATS:

GEBOORTEDATUM:

E-MAIL:

DATUM:

UW HANDEKENING:

DO YOU HAVE ANY CHILDREN?

The following applies to the exchange of data for your child or children:

- Children up to the age of 12: the parent/guardian gives permission -> fill in the details below.
- Children aged 12 to 16: both the parent/guardian and the child must give permission -> the child can initial his/her name below or fill in a separate form.
- Children from the age of 16: the child gives permission on a separate form.

DATA OF MY CHILDREN (note, this is only for the registration of the LSP, you use the other form to register the children)

| | | | |
|---|--|---------------------------------------|--|
| HUISARTS <input type="checkbox"/> JA <input type="checkbox"/> NEE | VOOR- EN ACHTERNAAM: GEBOORTEDATUM: BSN: (jaar) | paraaf kind: (indien tussen 12-16) | <input type="checkbox"/> M <input type="checkbox"/> V |
| HUISARTS <input type="checkbox"/> JA <input type="checkbox"/> NEE | VOOR- EN ACHTERNAAM: GEBOORTEDATUM: BSN: (jaar) | paraaf kind: (indien tussen 12-16) | <input type="checkbox"/> M <input type="checkbox"/> V |
| HUISARTS <input type="checkbox"/> JA <input type="checkbox"/> NEE | VOOR- EN ACHTERNAAM: GEBOORTEDATUM: BSN: (jaar) | paraaf kind: (indien tussen 12-16) | <input type="checkbox"/> M <input type="checkbox"/> V |

DATUM:

HANDEKENING OUDER/VOOGD:

Information MijnGezondheid.net (MGN)



MijnGezondheid.net

Via MijnGezondheid.net (MGN) you can easily and quickly arrange all kinds of matters with your general practitioner, practice nurse or assistant. You can consult MGN 7 days a week, 24 hours a day.

You can ask a question online and also make an appointment in the future. In addition, it is possible to view a summary of your personal medical file, including your medication use. This way you always and everywhere have access to your own health. And if you are going on holiday, take a printout of your medication passport with you.

Your privacy is paramount. To ensure that your data is properly secured, log in to MijnGezondheid.net with your DigiD with SMS verification. Don't have a DigiD with SMS yet? Go to www.digid.nl to request one.

NB; you can only register with MGN if you are 16 years or older.

Advantages MGN:

- Well-secured, personal file
- Make appointments online (possible in the future)
- Ask a question via E-consult
- Request repeat prescriptions
- View and print medication passport
- View exam results, such as blood results
- Keep your own medical diary

Would you like to sign up for this? Then tick 'Yes' on the registration form.