

## Registration form

For a good interview, it is important that you fill out this questionnaire as complete as possible. Please include a copy of a valid ID and your health insurance card.

<b>Lastname and initials:</b>	
<b>Date of birth and gender:</b>	<b>Male / Female</b>
<b>Burgerservice number:</b>	
<b>Street and house no:</b>	
<b>Postal code and city:</b>	
<b>Telephone + Mobilenumber:</b>	
<b>E-mail address:</b>	
<b>Health insurance and policy number:</b>	
<b>Country of birth:</b>	
<b>New pharmacy:</b>	Benu 't Hout / anders nl.
<b>Date of immigration:</b> (if not born in the Netherlands)	
<b>Military:</b>	<b>Yes / No</b>
<b>Name and telephone number previous general practitioner:</b>	

Medical data	Yes	No	If your answer is yes please an explanation:
Do you receive treatment from a physician			
Do you have a (chronic) disease			
Use of medication or the (contraceptive) pill			
Do you now or had a history of depression or another psychiatric problem.			
Is your family known for hereditary diseases (such as diabetes mellitus, cardiovascular diseases cancer)			
Did you ever have surgery			
Do you receive radiation therapy, chemo therapy or did you ever receive these treatment before?			
Do you currently have complaints about your health			
Do you have allergies?			

Is your partner or roommate already patient at our practice and lives at the same address as you, please note the name and date of birth.
How would you like your introduction interview? <b>At the consultation hour / by telephone</b>

**Date:**

**Signature:**