

datum ontvangst: door:
datum gefaxt: door:
aanmelding apotheek verstuurd: door:
aanmelding JGZ (indien kinderen onder 4 jr): door:
aanmelden ION: door:

HEALTHCARE CENTRE/PHARMACY REGISTRATION FORM

Please complete a separate form for each registrant over 16 years of age. The names of children up to 15 years of age who are moving with you can be submitted in the annex to this registration form.

Registration date: _____ Name of healthcare centre/pharmacy: _____

Initials: _____ Surname: _____ M / F _____

Date of birth: _____

Address: _____ Postcode and city/town: _____

Home phone number: _____ Mobile phone number: _____

E-mail: _____

Free workingday: _____

Social security number (BSN): _____ Card number: _____ Passport/ Drivers License/ID
Residence permit _____

Health insurer: _____ Client number: _____

Previous home address: _____

Name of previous general practitioner (GP): _____ Name of previous pharmacy: _____

Address of previous GP: _____ Location of previous pharmacy: _____

Postcode and city/town: _____

The undersigned hereby declares:

- that he / she is registering as a patient at the general practice run by (name of GP) _____ code _____ and at the pharmacy for the healthcare centre in Almere;
- if your previous GP/pharmacy is located in Almere: that your medical and pharmacy records may be requested from your previous GP/pharmacy and included in your file at your new GP and pharmacy;
- that, upon admission to the hospital, records may be provided to the hospital, including medication and other medically relevant information.

You cannot be registered with more than 1 GP at a time. You are therefore required to have yourself deregistered with your previous GP. When changing GPs within Almere, this happens automatically. If your GP is outside Almere, you must deregister there and ask your previous GP to send your medical records to your new GP.

Do you consent to your new pharmacy requesting your records from your previous pharmacy outside Almere? Yes / No

If you do not consent, please visit your new pharmacy to discuss or hand over your medication details in person.

*When you hand in this form, duly signed, in person at the reception of your new healthcare centre, please bring your **PROOF OF INSURANCE AND PROOF OF IDENTITY** (driver's license, passport or ID card).*

If you are not insured, every consultation must be paid for immediately in cash. At the pharmacy you can pay by card.

Signature _____ Date _____

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ANNEX HEALTHCARE CENTRE/PHARMACY REGISTRATION FORM

Fill in the details of children moving with you (up to 15 years) here:

Register at Address:

Postcode and city/town:

Child 1

Initials and given name	M / F	Social security number (BSN)	Health Insurer
Surname		Card number	Client number
Date of birth		Pasport/driverslicense/ID/ Residence permit	

Child 2

Initials and given name	M / F	Social security number (BSN)	Health Insurer
Surname		Card number	Client number
Date of birth		Pasport/driverslicense/ID/ Residence permit	

Child 3

Initials and given name	M / F	Social security number (BSN)	Health Insurer
Surname		Card number	Client number
Date of birth		Pasport/driverslicense/ID/ Residence permit	

By signing the annex, you—the parent or caretaker—declare that the details of the children moving with you are correct and complete.

Signature

Date

When registering children under 4 years old:

By signing you also consent to us requesting the child's youth health file from the previous child healthcare centre.

Name of previous child health care centre:

If you are moving from outside Almere, please provide the details of the previous child healthcare centre.

Address:

Postcode and city/town:

Phone number:

INFORMATION FORM FOR YOUR NEW GP

Date: _____ Name of healthcare centre: _____

Initials: _____ Surname: _____ M / F _____

Date of birth: _____

Civil status: _____ Single/ married/ cohabiting _____ /family/ divorced/ widowed/ widower

Country of birth: _____ Parents country of birth: _____

Occupation/education: _____

Were you in touch with the nurse practitioner at your previous GP?
yes / no

If so, why? _____

General questions:

- Do you smoke? yes / no / quited
- Do you drink alcohol? yes / no
If so, how many units per day, week, month? _____ units per _____
- Do you have an organ donor card? yes / no
- Do you have a living will? yes / no

Do you have:

- High blood pressure yes / no
- A cardiovascular disease yes / no
If so, what? _____
- Diabetes yes / no
- Asthma or COPD yes / no
- Other serious illnesses not mentioned above yes / no
If so, what? _____
- Allergies/intolerance yes/no
If so, what for? _____
- Are you allergic to certain medicines yes / no
If so, what? _____

Are you known by a practice nurse ? yes / no

Do you parents/siblings under 60 years old suffer from cardiovascular disease? yes / no

If so, what? _____

Would you prefer your GP to be male / female / no preference*?

* We cannot guarantee your preferred choice.

We offer the option of an introductory meeting with your new GP. If you would like to make use of this, you can make a appointment for this.

Is there anything else which you feel is good or necessary for your GP to know? If so, what? _____
