



Registration form

The undersigned declares that he / she, with his / her children (if applicable) is registered for general practice care with Mrs. EAA van Rosmalen and Mr. WH van der Linden, general practitioners in Leimuiden, from (date)

	Name	gender	Day of birth	BSN	Permission exchange data	Signature	Signature child >12 years
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* = To give consent or not, to make data available for other care providers, see appendix (children from 12 years of age must also give their consent and sign in addition to the consent and signature of the parents)

Partner name: in practice/ not in practice	Date of birth

address	
zipcode / city	
mobile phone	
e-mailaddress	

Name of previous doctor	
Address (previous doctor)	
Zipcode / city	

Name of previous pharmacy	
Phone number	

NB. Please enclose a copy of the proof of identity + health insurance card.



Important information / Notes

for medication monitoring (allergy, history, hypersensitivity, illness, pregnancy, breastfeeding, etc.)

Medical Anamnesis

Are you allergic to something?

No Yes

If so, for what?

Medication

Foods:

Bee or wasp sting: No Yes

Others:

Do you use medication?

No Yes

If so, wich one?



Which other medicines not prescribed by a doctor do you use regularly?
(such as vitamins / minerals / stomach tablets / painkillers, etc.)

Do you have a chronic illness?

- No
- Yes, namely:
 - Diabetes
 - Epilepsy
 - Hypertension
 - Asthma
 - thyroid diseases
 - heart and vascular disease
 - Other:

Have you ever had surgery?

- No Yes

If so, when and reason:

Year	Reason



Have you ever been admitted to a hospital other than for an operation?

- No Yes

If so, when and reason:

Year	Reason

Do you smoke?

- No Yes Sigaret/Sigarettes a day
 Stopped since:

Do you drink alcohol?

- No Yes Glasses per week
Beer / wine / other (get what does not apply)

Are you or is someone in your area concerned about your alcohol use?

- No Yes

Do you use drugs?

- No
 Yes, namely:

What is your weight?

Kg: Length:

Are you satisfied with this? No Yes

Are there diseases in your family?

- No Yes, namely:



Apotheekhoudende
Huisartspraktijk
de Linde

Mw. E.A.A. van Rosmalen, huisarts
Dhr. W.H. van der Linden, huisarts
Tuinderij 11
2451 GG Leimuiden

Name:

Date:

Signature:

If you like to meet for an introductory meeting call the office for an appointment

Sincerely,

E.A.A. van Rosmalen, general practitioner
W.H. van der Linden, general practitioner