**Registration Form**

Dear Sir, Madam, Family,

Welcome to our practice. In order to process your registration correctly, we ask you to fill in the form as completely as possible. Please complete a separate form per person aged 16 and older. On page 2 of this registration form you can write down the names of the children up to and including 15 years of age who are moving with you.

Registration with practice owner:

**0 Dr. J.A.N. Huysman 0 Dr. M.A. Slager / Dr. E.E.M. Slager-Konings**

**0 Dr. A. Joosse 0 Dr. J. van Straalen**

**0 Dr. M.J. Poortvliet / Dr. C.S.B. Tollenaar**   **0 Ms. D. van der Pennen**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last name: | Birthname: | | | |
| Initials: | | First name: | | |
| Date of birth: | | Sex: **M / F** (circle what applies to you) | | |
| Streetname + number: | |  | | |
| Postal code + city: | |  | | |
| Phone number and/or mobile number: | | | |  |
| Emailaddress: | | BSN/social security-nummer: | | |
| Health insurance: | | Policy number: | | |
| Documentnumber identification: | | | PP/drivers licence/Identity Card/Alien document (circle what applies to you) | |
| Pharmacy: | | Centrum Goes (here) Zeeuwse apotheek (south) Goese Polder (north) | | |

**Family member / roommate with the same adress who has already registered as a patient in our practice**

|  |
| --- |
| Last name: |
| Date of birth: |
| BSN/social security-number: |

It is not possible to be registered with more than 1 general practitioner. It is therefore necessary that you have your previous GP deregistered. Ask your previous GP to send your medical data to your new GP.

|  |
| --- |
| Previous General Practitioner (GP): City: |

- The LSP (LandelijkSchakelPunt) is a secure network for sharing your medical data with pharmacists and out-of-hours medical centers in the region. This can be useful in unexpected situations or when visiting the HAP in the evening or at the weekend.

**Permission to share data with LSP Yes / No**

- You can register with MijnGezondheid.net (MGN). This is a personal care file with which you can easily and quickly arrange your health matters online. You need a DigiD with SMS function to use MGN. This guarantees security and privacy.

**I want to sign up for MGN Yes / No**

**Registration Form**

Enter the details of children moving with you (up to and including 15 years)

**Child 1**

|  |  |
| --- | --- |
| Initials and first name: | |
| Last name: Sex: **M / F** (circle what applies to you) | |
| Date of birth: | |
| Health insurance: Policy number: | |
| BSN/social security-number: | |
| Documentnumber identification: | PP/Drivers licence/Identity Card/Alien Document (circle what applies to you) |

**Child 2**

|  |  |
| --- | --- |
| Initials and first name: | |
| Last name: Sex: **M / F** (circle what applies to you) | |
| Date of birth: | |
| Health insurance: Policy number: | |
| BSN/social security-number: | |
| Documentnumber identification: | PP/Drivers licence/Identity Card/Alien Document (circle what applies to you) |

**Child 3**

|  |  |
| --- | --- |
| Initials and first name: | |
| Last name: Sex: **M / F** (circle what applies to you) | |
| Date of birth: | |
| Health insurance: Policy number: | |
| BSN/social security-number: | |
| Documentnumber identification: | PP/Drivers licence/Identity Card/Alien Document (circle what applies to you) |

The patient declares to be registered by name at Huisartsencentrum Goes as of the date mentioned below: