

Medicalcentre Hubertusduin

www.hubertusduin.nl

Huisartspraktijk de Groot en Ketelaars

Huisartspraktijk Lunstroot

Huisartsenpraktijk Millenaar en Ramadhin

Bronovolaan 3, 2597AX te Den Haag

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REGISTRATIONFORM



First name	
Initials	
Last name	
Maidenname	
Seks and date of birth	
Place of birth	
Street and number	
Residence and postal code	
Home telephone	
Cell phone	
Email address	
Marital status	
Insurance company	
Policy number	
BSN number	
ID type and number	
Previous Pharmacy, name and city	
Previous GP, name and city	
I authorize my former GP making my medical dossier available to my new GP.	
I authorize my new GP and pharmacist making my data available through the LSP. (National Exchange Point) Information: www.ikgeeftoestemming.nl	<input type="radio"/> yes <input type="radio"/> no
Did you receive a flu-vaccination in the past two years?	<input type="radio"/> yes <input type="radio"/> no
With which GP do you want to register?	

Permission

By filling in this form you register with our practice. You grant permission to request your data from your previous general practitioner and pharmacy. If you are completing this form for a child younger than 16 and you share parental authority, the other parent (or guardian) must also agree. From the age of 12, the child must also sign. A child/young adult from 16 years of age gives permission for registration and for requesting data. We request that you inform your previous general practitioner (and possibly pharmacy) about your transfer to our practice. They will send the file to us with your permission.

DATE:

SIGNATURE(S):

Mei 2022

MEDISCHE INFORMATIE / MEDICAL INFORMATION

Heeft u ooit geleden aan één van onderstaande aandoeningen? Zo ja, (sinds) wanneer?
Have you ever suffered of any of these diseases? If yes, please note date and diagnoses

- Suikerziekte / Diabetes
- Longziekten / Lung diseases
- Hoge bloeddruk / High blood pressure
- Hart- en vaatziekten / Heart disease
- Depressies / Depressions
- Lever- of darmziekten / Liver or intestinal diseases
- Eetstoornis / Eating disorder
- Gewrichtsklachten / Sustained pain in the joints
- Geslachtsziekten / Venereal diseases
- Schildklierziekten / Thyroid diseases
- Geen van bovenstaande / None of the above

Bent u recentelijk behandeld door een specialist? En zo ja, waarvoor? Are you presently being treated by a specialist? If yes, please note date and diagnosis

- Nee / No
- Ja / Yes , welke specialismen? / which specialism?
- a)

b)

Gebruikt u momenteel medicatie / Are you presently on medication:

- Nee / No
- Ja / Yes:.....

.....
Bent u allergisch voor / Are you allergic to:

- Geneesmiddelen / Types of medication:.....
- Voedingsmiddelen / Foods or drinks:.....
- Andere stoffen / Other substances:
- Niet allergisch / Not allergic

Heeft u afgelopen jaar een griepvaccinatie gekregen / Did you have a flu-vaccination during the past year:

- Ja / Yes, omdat / why:
- Nee

Heeft u ooit een ongeluk/operatie/gehad ondergaan, toelichting: / Have you ever had an accident/operation, please explain:

- Ja / Yes:.....
- Nee / No

Rookt u? / Do you smoke?

- Ja / Yes,.....sigaretten per dag/ cigarettes a day, gedurende / during..... jaar/ year
- Nee / No
- Heeft u gerookt en bent u gestopt / Did you smoke but stopped?

Zo ja, wanneer?/ If yes, when?.....

Drinkt u alcohol? / Do you drink alcohol?

- Ja / Yes..... glazen per dag / on average.....drinks a day
- Nee / No

Aandoeningen in de familie, zo ja bij wie? (alleen in eerste en tweede graad):

Diseases running in the family, if yes, what family members (only first and second grade)

- Diabetes / Diabetes
- Hoge bloeddruk / High blood pressure
- Hart- en vaatziekten < 60 jaar / Heart disease < 60 year
- Kanker < 50 jaar / Cancer < 50 year
- Andere ziekten/aandoeningen / Other diseases.....
- Geen van bovenstaande aandoeningen / None of the above

Andere informatie die belangrijk kan zijn voor de dokter of eventuele toelichtingen kunt vermelden op de achterzijde van dit formulier / Any other information that could be important for the doctor:

Opmerkingen / Remarks: