HUISARTSENPRAKTIJK

HOHMANN & DE VET

Registration Form

Weteringstraat 227
3061PN Rotterdam
T 010 – 452 7792 F010 – 212 0601

Date: _____

Personal data: Family Member 1

Surname		M / F*
Initials*		
First Name		
Date of birth*		
BSN*(citizen-service-number)	0 Yes, nr _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	0 I do not have a Dutch BSN
Address		
Health Insurance Number		
Health Insurance Company name (+ UZOVI code)*		
Telephone number + emailadress	Telephone nr	
	Email-address	
Estimated time of your stay in the Netherlands		

Parmacy (apotheek):

- **Apotheek Ramleh (apotheek in Healthcare center Levinas)**
- **Apotheek Kralingen, Mecklenburglaan**
- **Apotheek Rozenburg, Oudedijk**
- **Anders, nl _____-**

Do not forget to adjust a copy of your ID

Declaration of Registration

I hereby declare to be a registered patient of General Practitioner Practice 'Huisartsenpraktijk Hohmann & de Vet' per:

Date…….. Signature……

You can bring the completed form inclusive ID copy tot the front desk of our Practice, or mail this set of forms to assistent@hohmanndevet.nl.

We can request electronic data from your previous Huisarts in the Netherlands. If you have had a GP in the Netherlands we ask you to fill in the following so we get permission to request the data

Previous GP data (in the Netherlands):

Name	
Address	
Postal code + City	
Phone	

Note- Please contact your old GP to opt out of your own as a patient.

National Switchpoint (Landelijk Schakel Punt 'LSP')
If you do need medical care in the evening or weekend hours it is important that the General Practitioner of the General Ward has the right information about your ailments and medications. If you are connected to the LSP, the GP can view the most important data from your dossier in order to be able to assess your complaints as well as possible. It can also be avoided as much as possible over-or under-treatment or unnecessary hospital visit! In a pharmacy, they can request the topical medication so that you may not be prescribed medication that does not fit with your other medication or you are allergic to.

We as a General Practitioner Hohmann & the Vet are therefore in favor of signing up with the LSP.

Additional Information about the LSP you can find on https://www.volgjezorg.nl/

Do you think this is also a good idea? Put a crossloop at your choice and place your signature . If you do not WANT TO be connected to the LSP, we would also like to know.

Make available your medical data via LSP

(Tick what applies)

0 I **do** give permission to general practitioners Hohmann & the Vet to make my data available through the LSP.
I have read all the information in the leaflet ' your medical data available via the National Switch Point (LSP)

0 I **Do not** give permission to general practitioners Hohmann & the Vet to make my data available through the LSP.
I have read all the information in the leaflet ' your medical data available via the National Switch Point (LSP)

Naam / Signature **date**

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name *birth date*

Medical Information: *please fill in the information as complete as possible*

Operations + Year	□ Hip surgery Left/right year: □ Gallbladder Surgery Year □ Bypass surgery Heart Year □ Operation blood vessels belly/legs Year □ Operation Intestines Year □ fracture of _____ Operation Year_____ □ Prostate Surgery Year_____ □ Breast Surgery/amputation_____operation Year_____ • different _____ •different_____ •different_____
Disorders	Have you ever had any complaints of: □ Diabetes □ Asthma/Chronic bronchitis (CARA)/COPD □ Tuberculosis (TB) □ high bloodpressure □ Cardiovascular disease □ Overvoltage □ Depression or fears □ eating disorder □ liver or gut Disease □ Persistent joint complaints □ Sex disease (SOA) □ thyroid disease □ Memory Problems/dementia □ pee complaints/ Prostate Problems □ Cancer in the past, namely, _____
Are there other serious conditions than described above?	1- 2- 3- 4-
Are you currently under the treatment of a specialist? Zo ja welke en in welk hospital?	1. hospital 2. hospital 3. hospital
Allergieën	

en intoleranties (medicatie)	
Other questions	Do you smoke? □ No □ Yes, per day _____ cigarettes/Cigars How many glasses of alcohol do you drink on average per week? Glass. Length_____ Weight_____
Medication	ADD SEPARATE LIST Please
Other details	

Name _____ birth date_____

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It concerns the following persons/family members:

Name	Initials	Date of birth	BSN number

Please fill in an extra 'personal data form' page 1-4 for every family member

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