



Huisartsenpraktijk
't Voorhuis

Registration form

Fill in this form as completely as possible and email it to info@haphetvoorhuis.gerritzorgnet.nl or hand it in at the counter in the general practice.

Name:	<input type="text"/>	Initial(s):	<input type="text"/>
First name:	<input type="text"/>	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X
Address:	<input type="text"/>		
Phone number:	<input type="text"/>		
Email:	<input type="text"/>		
Date of birth:	<input type="text"/>		
Insurance:	<input type="text"/>		
Citizen service number (BSN):	<input type="text"/>		
Passport document number / ID-card / Drivers licence:	<input type="text"/>		

At which pharmacy are you registered or are you registering:

<input type="checkbox"/>	De Dragt	
<input type="checkbox"/>	De Wiken	
<input type="checkbox"/>	Barentsen	
<input type="checkbox"/>	Pharmium	
<input type="checkbox"/>	Other: (name + email address):	<input type="text"/>
		<input type="text"/>

Details of previous general practice

(where you are currently registered or were last registered)

Name:	<input type="text"/>
Address:	<input type="text"/>
Phone number:	<input type="text"/>

The undersigned hereby gives permission to deregister with his/her previous general practitioner and hereby requests that his/her medical information will be sent to general practice 't Voorhuis.

Date:	<input type="text"/>	Signature:	<input type="text"/>
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Questionnaire regarding your health and medication

The questionnaire below is intended to give your doctor the most complete picture possible of your health in a short period of time.

	Name:	Doses:	Usage:
1.			
2.			
3.			
4.			
5.			
6.			

Have you ever had side effects from a certain medication?

No Yes, please specify

Have you had a flu vaccination in the past year and if so, why?

No Yes, please specify

Do you have a medical history with one of the following diseases?

Diabetes type 1 of 2

Pulmonary diseases

Hypertension / Blood pressure

Cardio and vascular diseases, which one?

Are you currently being treated by a specialist? If so, for which diagnosis / condition and which specialist?

No Yes

Is there anything else important for us to know?

No Yes, please specify

Mijngezondheid.net (MGN)

We work with Mijngezondheid.net. An online portal with which you can view your own data, request e-consultations and repeat medication.

Yes, I would like to register for MGN. (You will receive an email to log in with your DigiD. Per family member a separate email address and telephone number is needed)

NB: Also download the [consent form](#) to share medical information with other healthcare providers where you are being treated