

Registration Form

Huisartsenpraktijk Paasbeek
Van Maerlantstraat 1
6824 KX Arnhem
T: 026-4423816
Praktijkpaasbeek@mcspan.nl



Meidcom artscode: P3 (hoofdletter)

Personal data		Address	
Last name		Address	
Initials (first name)		Zip code	
Date of birth		Residence	
Sex	M/F	Telephone number	
BSN/ social security number		Mobile number	
Pharmacy (new)		E-mail adress*	
Identiteitsbewijs	ID/Passport/drivers license	Number id-card	
Insurance details			
Insurer		Policy number	
Previous doctor			
Name		Residence	

Important information				
<i>For example, for medication monitoring (allergy, medication, history)</i>				
Would you like to answer the following questions for us?				
Do you smoke? Yes/No?				
	Mother	Father	Brother	Sister
Heart attack	Yes/No	Yes/No	Yes/No	Yes/No
Cerebral infarction (TIA)	Yes/No	Yes/No	Yes/No	Yes/No
Diabetes	Yes/No	Yes/No	Yes/No	Yes/No
High cholesterol	Yes/No	Yes/No	Yes/No	Yes/No

Date:

Signature:

I also give permission to request the data from the previous general practitioner.

* as soon as you are registered you will receive an email from us with an invitation to spreekuur.nl (more information about this can be found on our website).



PERMISSION FORM

permission to share your medical records.

PERMISSION

Why share your medical records? Sometimes another healthcare provider might need your medical records. For example, because you are in a hospital. Or because you need urgent care. Or because you visit a different pharmacy. By giving your permission, other healthcare providers can quickly, properly and securely retrieve the most important records.

Security/Your records are safe Your doctor and pharmacies share your medical records through various systems to exchange data electronically. The National Switch Point (Landelijk Schakelpunt, LSP) is often used for this purpose. This is a highly secure network. Only healthcare professionals who treat you are allowed to use it. And only when it is necessary to ensure good care. Health insurance companies, company doctors and employers are therefore not allowed to view the medical records.

Doctor

Yes/No

Name: Huisartsenpraktijk Paasbeek

Adress: Van Maerlantstraat 1

Zipcode and residence: 6824 KX Arnhem

Pharmacy

Yes/No

Name:

Adress:

Zipcode and residence:

PERSONAL DATA

Please fill in the information below, do not forget your signature!

Lastname

Initials

M F

Adress:

Zipcode and residence:

Date of Birth:

Date:

Signature:

Do you have children?

- For children till 12 years parents give there permission.
- Children above 16 years give there own permission.
- For children between 12 and 16 years give parents permission to.