HOLLAND PARK HUISARTSEN PRAKTIJK DIEMEN

Registrationform general practice Holland Park.

Name and Address;

Surname:		Gender:	**M / F**
Initials:		First name:	
Date of Birth		Place of birth	
Address		Zipp code	
Marital status		Residence	
Telephone number		Mobile number	
E-mail:			
Social security number (BSN)			
Health insurance provider		Policy number	
Current pharmacy			

Medical information
Medical history

Are you currently being treated by a specialist? If so, what are you being treated for and with whom?

Medication;

Are there any diseases / genetic abnormalities in your family?

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Lifestyle

Do you smoke?	Yes / never/ before	Number of units per day	
Do you drink alcalhol?	Yes / never/ before	Number of glasses per day	
Drug use?	Yes / never/ before	Use per week	

Are you familiar with allergies

I hereby register until cancellation at the Holland Park general practice.

Finally, I ask my previous doctor to deregister from his / her practice and I authorize him / her to send my medical file to Huisartsenpraktijk Holland Park.

Name of previous doctor		Address	
Telephone number		Residence	

Signature

Date