

## Registration Huisartsenpraktijk Stokhasselt

Initials : \_\_\_\_\_  
 Name : \_\_\_\_\_  
 Surname : \_\_\_\_\_  
 Date of birth : \_\_\_\_\_ Country of birth: \_\_\_\_\_  
 Sex : male / female / \_\_\_\_\_  
 Marital status : \_\_\_\_\_  
 BSN number : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 Zip code/Residence : \_\_\_\_\_  
 Phone number : \_\_\_\_\_ Mobile number: \_\_\_\_\_  
 E-mail address : \_\_\_\_\_  
 Name insurance : \_\_\_\_\_  
 Insurance number : \_\_\_\_\_  
 Kind of ID : passport / identity card / \_\_\_\_\_  
 Identity number : \_\_\_\_\_  
 Pharmacy : \_\_\_\_\_

**May your medical data be shared with other healthcare providers: yes / no**

for information check: [www.vzvz.nl](http://www.vzvz.nl) of [www.volgiezorg.nl](http://www.volgiezorg.nl)

### Data from previous general practitioner:

Name previous GP : \_\_\_\_\_  
 Location : \_\_\_\_\_  
 Phone number : \_\_\_\_\_ Fax number: \_\_\_\_\_  
 Previous pharmacy : \_\_\_\_\_ Location: \_\_\_\_\_  
 Reason of application : \_\_\_\_\_

### Your medical issues:

Asthma  No  Yes Control by a:  GP  Specialist  No check  
 COPD  No  Yes Control by a:  GP  Specialist  No check  
 Diabetes  No  Yes Control by a:  GP  Specialist  No check  
 Impaired kidney function  No  Yes Control by a:  GP  Specialist  No check  
 Cardio- and vascular diseases  No  Yes, :  
 Control by a:  GP  Specialist  No check  
 Epilepsy  No  Yes Control by a:  GP  Specialist  No check  
 Allergy (medication, peanuts etc.)  No  Yes, for : \_\_\_\_\_  
 Other disorders : \_\_\_\_\_  
 : \_\_\_\_\_  
 Do you smoke?  No  done before  Yes, \_\_\_ cigarettes/cigars/pipe/joints a day.  
 Do you drink alcohol?  No  Yes, \_\_\_ glasses a day/week/month/year  
 Do you use drugs?  No  Yes, which \_\_\_\_\_

### Addition to this signed registration:

- You must unsubscribe yourself from your previous doctor.
- You give permission that we request your **medical data** from your previous GP.
- Your registration is only definitive when we confirm it to you.
- More information about the medical treatment agreement can be found on our website.

Date:

Signature:

Huisartsenpraktijk Stokhasselt

Scarlattistraat 8 | 5049 GB | Tilburg

E-mail: [info@praktijkstokhasselt.nl](mailto:info@praktijkstokhasselt.nl) | Web: [www.praktijkstokhasselt.nl](http://www.praktijkstokhasselt.nl)

Telefoon: 013 542 59 49 | Fax: 013 535 13 71