

**Registration as a new patient (fill in completely please)**

- |                       |                       |    |                       |                  |    |
|-----------------------|-----------------------|----|-----------------------|------------------|----|
| <input type="radio"/> | dr van Hasselt        | RF | <input type="radio"/> | dr van Roosmalen | RJ |
| <input type="radio"/> | dr Perry en Gosselink | NK | <input type="radio"/> | dr van Wools     | WO |
| <input type="radio"/> | dr van Santen         | SA | <input type="radio"/> | dr van Bruinsma  | BR |
| <input type="radio"/> | dr Verbeeten          | JV | <input type="radio"/> | dr van Koenders  | MC |

Are you giving us your permission to share you medical file with the GP out-of-hours surgery when you are there for a n emergency? For more information see the website; [www.volgjezorg.nl](http://www.volgjezorg.nl) and our website; [www.huisartsenvelp.nl](http://www.huisartsenvelp.nl)  
 Agree  Not agreed

Would you like to register for MGN, MijngEZondheid.net, for more information see the website [www.MijngEZondheid.net](http://www.MijngEZondheid.net) and our website [www.huisartsenvelp.nl](http://www.huisartsenvelp.nl)  
 Agree  Not agreed

**We need your permission to request your medical information from your previous GP. We are not allowed to request the data without your permission and signature.**

Name previous GP: \_\_\_\_\_

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Personal data**

Name : \_\_\_\_\_  Male  Female

Initials : \_\_\_\_\_

Date of birth : \_\_\_\_\_

Street : \_\_\_\_\_

ZIP code : \_\_\_\_\_

Mobile phone number : \_\_\_\_\_

E-mail : \_\_\_\_\_

**Insurance information**

Name insurance : \_\_\_\_\_

Policy number : \_\_\_\_\_

Social security number/BSN : \_\_\_\_\_

**Who can we contact in case of an emergency?**

Name : \_\_\_\_\_ Mobile phone number: \_\_\_\_\_

**This part is for the general practice;** Documentsoort en nummer t.b.v. de WID:

\_\_\_\_\_