Registration General Practice Palembang
Palembangstraat 52, 1094 TK Amsterdam
Telephone 020-665.54.55

Name: First name:

Initials:

Date of birth: Male/Female/X

Address: Postal Code and Residence:

Marital status: married/unmarried/living together/divorced/widow(er)

Telephone: E-mail address:

Health Insurer: Insurance number:

BSN: New Pharmacy:

Name and telephone number contact in case of emergency:

Reason of registration:

Have you been a patient with us before? Yes/No

Do you give us permission to share your medical information with other healthcare providers (General practitioner's out-of-hours service/emergency department) if this is necessary for your treatment? Yes/No

Name previous doctor: Telephone:

Address: Place:

By signing this form you give us permission to deregister from your previous doctor and to request your medical file.

Date of registration: Signature:

In case of minor children:

Name of parent/guardian 1: Name of parent/guardian 2:

Signature of parent/guardian 1: Signature of parent/guardian 2:

NB! You are not registered until you have received a confirmation email from us!

To be completed by doctor's assistant:

0 legitimatie gecontroleerd
0 praktijkinformatie meegegeven
0 inschrijfformulier gescand
0 bevestigingsmail verzonden

0 ingevoerd in HealthConnected
0 aangemeld bij ION
0 dossier opgevraagd per mail op: