



Applicationform for new patients

Version 18-04-17

Arts:

You are welcome as a new patient if you are a resident of Utrecht and your zipcode is 3534, 3551, 3552, 3553, 3554 or 3555. By filling out this form we can create your file.

A few points:

- each member of the family must fill in an applicationform;
- each member of the family (including kids under the age of 14!) must show an ID at the desk;
- each member of the family must show a card of the health insurance.

Surname: M / F

First name(s): Forename:

Date of birth:

Adress:

Zipcode/City:

Tel.nr:

Mobile nr:

E-mailadress:

Pharmacy:

Name health insurance:

Policynr:

BSN-nr:

ID: passport / drivers license / ID-card / residence permit

Nr ID:

Do you live together with your partner on the same adress, and is your partner already registered in our practice? Please fill in the name and date of birth of your partner:

.....

Short medical history (allergies, illness, operations):

.....

.....

Which medicins do you use?

.....

.....

Please turn over

Do you get an annual call for a vaccination for the flu on medical grounds? Yes / No

If so, do you actually want to be vaccinated? Yes / No

Please indicate the reason for you to leave your former GP:

rehousing / dissatisfaction / other:

Do you wish to get access to your **online file** at **MijnGezondheid.net**, a secure site where you can *reorder medication* or apply an *e-consult* or make an *appointment*? Yes / No

Do you agree to **share** the **most important issues** from your file with the *pharmacist*, the *Utrechtse huisartsenpost* (GP for during the night and in the weekend) and the *service pharmacy*? Only if necessary 5 of the most important issues are shared, as well as the actual list of medicines and any known allergic reaction. Go to *www.vzvz.nl* for more information. Yes / No

You can participate in an **online survey** how **satisfied** you are with the service and care we give in this practice. Do you wish to join the survey? You will get *not more than once a year* an e-mail every now and then with the invitation to answer some questions. Yes / No

Your former GP has an **file** of each member of the family. The file may only be **transferred** if you agree to do so. Do you agree? Yes / No

City:

Date:

Signature: