



HUISARTSENGROEP GRAVE

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www.huisartsegroepgrave.nl

Huisartsen

- ☐ K. Walraven-Schils
- ☐ M.J.W. van der Vleuten-Hanneman
- ☐ B.A.W. van den Bergh
- ☐ B.A.G. Kühbauch
- ☐ K.S. van Summeren
- ☐ S.H.P. Comes

Registration as a new patient

Surname: _____ m / f

Initials: _____ First name: _____

Date of Birth: _____ CSN (BSN): _____

Address (street / house number): _____

Zip code and Place: _____

Telephone : _____ Cell phone number: _____

E-mail: _____

Do you have a partner in our practice living at the same address? Yes / No

Name: _____ Date of Birth: _____

Previous general practitioner: _____

Address: _____

Zip code / Place: _____

Telephone: _____

see other side

Questions concerning your health situation (*please answer all questions*)

Do you have allergies (such as hay fever, or a specific medical drug)?

Are you known with health problems (or operations) now or in the past?

Please state the nature of the problem and the year when it was diagnosed, and by whom.

Do you use medication? If so, please state which medication you use, the dosage and frequency of usage.

Do You Have:

Diabetes Mellitus: No / Yes, since _____ (years) Headpractitioner: *general practitioner/specialist**

Heart & vascular disease: No / Yes, since _____ (years) Headpractitioner: *general practitioner/specialist**

High bloodpressure: No / Yes, since _____ (years) Headpractitioner: *general practitioner/specialist**

Asthma/COPD: No / Yes, since _____ (years) Headpractitioner: *general practitioner/specialist**

Do you smoke? No / Yes, how many cigarettes a day? _____

Permission to exchange patient data:

- *Yes, I give permission to my doctor to make my medical data available to the practitioners / care providers relevant to me*
- *No, I do not agree; I don't give permission to my my GP to exchange data to be the practitioners / care providers relevant to me*

Huisartsengroep Grave offers an internet portal, www.huisartsengroepgrave.nl, on this portal you can see parts of your medical and medication file. This is completely safe. It is also possible to request a repeat medication, look up lab results, make an appointment online and request an e-consultation.

You can find more information about this portal on our website www.huisartsengroepgrave.nl, via the link: "patiëntomgeving". You can download the app on your phone: www.uwzorgonline.nl. Every person aged 16 or older who wants to register needs a unique e-mail address.

Hand over this form to our assistant to process the registration and bring your insurance card. We have a practice folder in which the most important matters about the practice are listed. You can get it from the assistant. After signing this form, I ask you to deregister yourself from the previous GP and also send the medical file!

Signature _____

Date of Registration _____