

Registration form

Date: _____

Administrative data

Last name: _____ Initials: _____ M/V

Date of birth: _____ Place/country of birth: _____

Address: _____ Postal Code: _____

Phone number home: _____ Mobile: _____

Insurance company: _____ Insurance number: _____

National ID number (BSN): _____

E-mailadres: _____

To verify your data we ask you to show your ID and your proof of insurance at the counter before registration

Around 10,000 people living in Nieuwegein have problems filling in forms. Is someone else completing this form for you because you cannot do it yourself?

- No
 Yes (we will try to take this into account)

Permission to exchange medical data.

If you need a doctor in the evening, night or weekend, it may be important for this doctor to be able to view your medical data, for example, which medicines you use, what you are hypersensitive to and what you have recently been to the doctor for. We can only share this data with the regional healthcare system if you give permission for this. Information about this can also be found on www.VZVZ.nl or in the information brochure that is available in practice. Do you agree with the registration of your data for both general practitioner and pharmacy?

- Yes
 No

Arrange your healthcare online when it suits you?

You can use our online services via our website and the Zorg4Nieuwegein app. May we send you an invitation for this? This gives you access to your medical file

- Yes
 No

Newsletter

Gezondheidshuis de Componist sends a newsletter about 4 times a year in which we inform you about the developments of Gezondheidshuis De Componist, the offer in the field of care and well-being and current issues. Would you also like to receive the newsletter? Then sign up [here](#).

Name (new) pharmacy: _____

Previous doctor: _____ in: _____

(Do not forget to request your medical data from the previous doctor).

Reason for registration: _____

Adjusting the patient's hospital pass

Do not forget to change your doctor on the hospital patient card

Possible contact person in case of emergency: _____

Phone number: _____

Marital status

- Living alone
- Living together with: _____
- Married with: _____
- Divorced since: _____
- Widow/widower since: _____

Do you have any children?

- No
- Yes, living at home number: _____
- Ja, living away from home number: _____

Profession

- I have a job as: _____
- I am unemployed since: _____ my job was: _____
- I am incapacitated for work since: _____ my job was: _____
- I study field of study: _____
- I am retired

Are there (for example from your belief) things that we need to take into account from a medical point of view?

- No
- Yes, namely: _____

In order to properly organize your medical file, we ask you a number of questions that relate to your medical history.

Health and diseases

Do you have (had) complaints from::

- | | | |
|--|---|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Depression of anxiety | <input type="checkbox"/> Thyroid diseases |
| <input type="checkbox"/> Lung diseases | <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Skin disorders |
| <input type="checkbox"/> High bloodpressure | <input type="checkbox"/> Liver or intestinal diseases | <input type="checkbox"/> Kidney diseases |
| <input type="checkbox"/> Cardiovascular diseases | <input type="checkbox"/> Joint complaints | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Venereal diseases | <input type="checkbox"/> Immune disorders | <input type="checkbox"/> Other diseases, namely: |

Explanation: _____

Are you currently being treated by a specialist?

- No
- Yes, specialism: _____ Disease: _____

Have there been important medical events in your history, such as serious illnesses and operations?

- No
- Yes, namely (Please indicate in which year you experienced this? You can also write it on the back of this form.)

Do you use medicines?

- No
- Yes, namely: _____

(add any medication overview)

Are you hypersensitive (allergic)?

- No
- Yes, for:
- Medicines, namely: _____
 - Iodine / plaster / lidocaine (anesthesia): _____
 - Certain food or drinks, namely: _____
 - Other substances, namely: _____

Do you have a donor codicil?

- No
- Yes, _____

(please note its contents of add a copy)

Diseases in the family

What diseases do your **parents, brothers or sisters** have?

- | | | |
|--|--------------|------------|
| <input type="checkbox"/> Diabetic | | Who: _____ |
| <input type="checkbox"/> High bloodpressure | | Who: _____ |
| <input type="checkbox"/> High cholesterol | | Who: _____ |
| <input type="checkbox"/> Cardiovascular diseases under 65 | | Who: _____ |
| <input type="checkbox"/> Stroke or cerebral haemorrhage under 65 | | Who: _____ |
| <input type="checkbox"/> Lung diseases | which: _____ | Who: _____ |
| <input type="checkbox"/> Kidney diseases | which: _____ | Who: _____ |
| <input type="checkbox"/> Mental Illness | which: _____ | Who: _____ |
| <input type="checkbox"/> Cancer | which: _____ | Who: _____ |
| <input type="checkbox"/> Other diseases | which: _____ | Who: _____ |

Are you currently concerned about your health or are there any issues that you would like to discuss with your doctor?

- No
- Yes, _____

Do you smoke?

- Never did.
- Stopped after _____ years of smoking an average of _____ cigarettes /cigars per day.
- Yes, _____ cigarettes/cigars per day for _____ years.

Do you regularly use alcohol?

- No
- Yes, average number of units per day: _____

Have you ever been a victim of physical / mental / sexual violence?

- No
- Yes
- physical
 - mental
 - sexual

Do you have a dependence on:

- Medication
- Drugs
- Something else, namely: _____

For women:

Do you use contraception prescribed by your doctor?

- No
- Yes,
- Oral contraception, _____ (fill in which)
 - Puncture pill, received last time on _____ (enter date)
 - Spiral, Mirena / copper * _____ (* delete what does not apply)
Placed on _____ (enter date)

Are there any issues that are important to you and that have not yet been addressed?

Thank you for completing this form.
We strive to register you in our practice within 5-10 working days.