

## SIGN UP FORM HUISARTSPRAKTIJK STEENSEL

Huisartspraktijk Steensel  
Van Kriekenbeeckhof 19  
5524 BM Steensel

General practitioner:    T. van der Horst,    AGB 01100752  
   M. Widdershoven,    AGB 01101575  
   A. Geudens,            AGB 01102616

Dear sir/madam,

Welcome in our practice.

To properly process your data in our administration, we ask you to complete the fields below and to provide this document with your signature.

Information			
Surname-maiden name			
Initials and name			
Gender			
Date of birth			
Social security number			
Street address and house number/suffix			
Postcode			
City/ residence			
Telephone number		Cell phone number	
Mail address			
Pharmacy	<input type="checkbox"/> Pharmacy Eersel, Gebint 1A 5521 WD Eersel Or <input type="checkbox"/> Pharmacy de Locht, Libra 12 5505 VK Veldhoven		
Insurance			
Insurance number			
Previous general practitioner		City	
Web address; Mijn Gezondheid.Net (make online appointment, E-consult, repeat prescription)	Yes/No		
Permission for electronic exchange of medical information through healthcare infrastructure. See <a href="http://www.vzvz.nl">www.vzvz.nl</a>	<input type="checkbox"/> Yes, I agree to make my information available for consulting other healthcare providers. <input type="checkbox"/> No, I don't agree.  Children between 12 and 16 years old must also sign for themselves		
<b>Filled in by an healthcare assistant</b>			
Number (valid) proof of identity	<b>Driver's license/ Passport/ Identity card</b>		

Hereby I declare, that general practitioner T. vd Horst/M. Widdershoven of huisartspraktijk Steensel is my regular doctor. The law for quality of healthcare ("wet op de beroepen in de individuele gezondheidszorg en wet op de geneeskundige behandelovereenkomst") applies here. I will pass on future changes on one of the requested details to my general practitioner.

Date: .....

Signature: .....  
(authorized person)

**Please hand this form in person and show your identity card.**