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	☐ Pharmacy Eersel, Gebint 1A 5521 WD Eersel Or ☐ Pharmacy de Locht, Libra 12 5505 VK Veldhoven		
Insurance			
Insurance number			
Previous general practitioner		City	
Web address; Mijn Gezondheid.Net (To make an online appointment, E-consult, repeat prescription)	Yes/No		
Permission for electronic exchange of medical information through healthcare infrastructure. See **www.vzvz.nl**	We prefer "Yes" because this makes your care safer and more comprehensive. You always retain your freedom of choice. If you choose "No," we will ask you to briefly explain why (optional). ☐ Yes, I agree'. ☐ No, I don't agree. Children between 12 and 16 years old must also sign for themselves		
Filled in by a healthcare assistent			
Number (valid) proof of identity	**Driver's license/ Passport/ Identity card** (cross out what does not apply)		

Hereby I declare that general practitioner T. van der Horst/M. Widdershoven/A. Geudens 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.