

# Inschrijfformulier

## Family doctor services registration



Drs. N.C.J.A.M. Kochx  
Drs. J. Snoek  
Carolusdreef 142  
5552 CE Valkenswaard  
tel: 040-2011001

Registration date  
(dd/mm/yyyy)

Given names

Surname

Home address

Postcode

Town

Telephone number

E-mail address

Date of birth

Male      Female

BSN/  
Personal  
Identification  
Number

Insurer

Policy number

Name of previous GP

Address of  
previous GP

Preferred pharmacy

Apotheek Dommelen

Apotheek Valkenswaard

Apotheek Vlaslant

I agree to transferring my medical data from the previous GP

I agree to my medical data being made available to other healthcare providers.

I give permission to give other healthcare providers access to my current medical data.  
Your personal information will be treated confidentially at De Pelikaan.  
Visit <https://www.volgjezorg.nl/en/about-permissions>

I want to use mijngezondheid.net.  
This is possible with a DigiD code and aged over 16 years.

I would like to schedule an introductory meeting with the GP.

Signature

Is a family member already registered at this practice? Please include name and date of birth

Do you have allergies to medication?

What medication are you currently taking?

Are there certain non-medical matters that you think are important for your GP to know?  
For example about your family composition, profession, religion, etc..

Complete this form and submit it together with a valid proof of identity.

You must take care of **deregistering** with your previous general practitioner **yourself**, so that they can forward your medical records to us.

Important:

- Inform the hospital of your new general practitioner
- **Notify us** when you change address, telephone number or insurance

Documentnummer

To be completed by the GP Practice  
Documenttype: paspoort / ID / rijbewijs / vreemdelingen document

Datum:            /            /