

Registration form huisartsenpraktijk Sassembourg

If you would like to fill in this form completely, hand it in to the assistant and show your ID.

Initials + first sign : _____ M/F
Surname : _____
Adress : _____
Date of birth : _____
Phone number: _____
Profession: _____
Emailadress: _____
BSN: _____
Policy number and company: _____
Name of previous GP, place and tel.nr. _____
Pharmacy of registration: _____
Proof of identity: passport/driver's license/identity card/alien's document.
Document number and valid until: _____

Civil status:

☐ Single ☐ married ☐ single ☐ cohabiting ☐ divorced ☐ widow

Do you have children? ☐ No ☐ Yes, quantity _____

Possibly. Contact person, name and telephone number : _____

Have you ever had complaints from:

☐ Diabetes Mellitus

☐ Lung diseases

☐ High blood pressure

☐ High cholesterol

☐ Anxiety disorder/depression

☐ Gastroenterinal/liver problems

☐ Other: _____

Have you had any surgeries in the past?

☐ No

☐ Yes, en (type of operation and year) _____

Are you being treated by a specialist?

☐ No

☐ Yes, namely: _____

Are you taking any medication? If necessary, you can attach a list of the pharmacy.

☐ No

☐ Yes Medicine and strength Dosage

Are you hypersensitive or allergic to medicines or substances?

☐ No

☐ Yes, namely: _____

Would you like to receive the flu vaccination if you are eligible?

☐ No ☐ Yes

If you are 60 or older or if you have a medical indication, you will automatically receive an invitation unless you fill in "no".

What is your weight: _____ kg

What is your height : _____ cm

Do you smoke? ☐ No

☐ Yes, number per day: _____

Do you use alcohol? ☐ No

☐ Yes glasses per day _____, per week

Do you use drugs? ☐ No

☐ Yes, which one _____

Do you play sports? ☐ No

☐ Yes, how often a week _____

Do familymembers suffer from diseases? With whom and at what age?

☐ Diabetes Mellitus

☐ Cardiovascular disease

☐ High blood pressure

☐ High cholesterol

☐ Other

Via the digital module LSP, your medical data can be shared with the out-of-hours GP service and the pharmacy. Do you give permission for this?

☐ Yes ☐ No

Are you in possession of an advance directive (do not resuscitate statement/ treatment ban/euthanasia statement)? ☐ No

☐ Yes, please hand in a copy and discuss it if necessary.

Are there other things that you think are important for us to know?

What to do next.

Would you like to call your GP that you are switching to GP practice Sassembourg so that we can request your medical data?

Also remember to change your GP and address with other healthcare providers where you are being treated.

Patient portal.

We use a patient portal (mijn gezondheid.net). Through this portal you can request repeat prescriptions, ask medical questions via an e-consultation and view your medical file.

For more information see our website.