Application form

De Doc general practitioners
P.a. Boomsluiterskade 299
2511 VJ DEN HAAG
Tel 070-3824777

Date:

Personal data					
Name					
Initials			Sex	❑ Male ❑ Female	
Street			Number		
ZIP code		Residence			
Date of birth					
Place of birth		Country of birth			
BSN number					
Phone number at home					
Mobile phone number					
Phone number at work					
E-mail					
Marital status	❑ Single	❑ Married or living together	❑ Widow(er)		

Students, temporarily in The Hague	
Studentnumber	
Name educational institution	
Expected date of graduation or expected date of return to home country	Month: Year:

Data previous GP	
Name:	
Address:	
Phone number :	

Data health care insurance			
Company name:		Policy number:	
Uzovi number:[1]			

Data pharmacy	
At which pharmacy are you inscribed? (Name)	
Address	

Share medical information	
Sometimes it may be necessary to share medical information with other healthcare providers. We ask you permission to share this necessary information via the LSP. (For more information see the leaflet: Your medical data available through the LSP (National Exchange Point)…Only if you agree)	
○ Yes, I give my permission	○ No, I don't give permission.

[1] The code of your health insurance, 4 numbers. You can find the code on your insurance card.

Information about your health

Are you suffering from any chronical diseases? ❑ No ❑ Yes
If yes, which one(s)?

Are you being treated by a specialist? ❑ No ❑ Yes
If yes, which department:

Are you using any medication? ❑ No ❑ Yes
If yes, which one(s):

Do you have any allergies? ❑ No ❑ Yes
If yes, to what:

Do you smoke? ❑ Never ❑In the past ❑ Yes. How much:
Do you drink any alcohol? ❑ No ❑ Yes How much:
Do you use any drugs?: ❑ No, never ❑ In the past ❑ Yes How much:

Are there any illnesses in your family (brothers and sisters, (grand) parents? ❑ No ❑ Yes
If so, which one(s):

For women only:
Date of last cervical smear: *Result:*
Date of last mammography (photo of breasts): *Result:*

Children

Do you have children at home?	❑ No ❑ Yes	
If yes, please mention: first name, initials, family name and date of birth.		
1.		*N.b.* *If you want to sign up your children in our office, please fill in a separate form for each of them.*
2.		
3.		
4.		

Further information

Below you can note further information of your health, like a severe illness, accident or event. You also might want to discuss this information with your doctor. Feel free to make an introductory meeting.

We request you to inform your previous general practitioner that you have changed to our medical centre and to ask for your medical file. After we have received your medical file, you are registered as a patient at our medical center.