

Application form

De Doc general practitioners

P.a. Boomsluiterskade 299

2511 VJ DEN HAAG

Tel 070-3824777



Date:

Personal data			
Name			
Initials		Sex	<input type="checkbox"/> Male <input type="checkbox"/> 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	<input type="checkbox"/> Single	<input type="checkbox"/> Married or living together	<input type="checkbox"/> Widow(er)

Students	
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 chronic 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.		<i>N.b. If you want to sign up your children in our office, please fill in a separate form for each of them.</i>
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.