

Dear Sir / Madam,



You wish to register as a patient in our Health Centre, **Huisartsenpraktijk Overschie.**

You are kindly requested to complete these forms and return them **in person** at the reception, accompanied by **a copy of your identity card / passport and health insurance card.**

Your registration **cannot** be completed without these documents.

We would like to have these following documents, completed and returned to us:

1. New patient registration form
2. Medical history form
3. Consent form for medical data in LSP
4. Form to sign up for MijnGezondheid.net
5. Copy Identity card or passport
6. Copy Health Insurance registration or card

Furthermore, please call your former family doctor and ask them to send us your medical record digitally.

Your registration with your previous family doctor will be deregistered upon registration in our GP Practice, since Health Insurance Care does not allow patients to be registered at more than one family doctor at the same time.

We will declare your healthcare costs according to the set tariffs by NZA, directly with your health insurance company. Your insurer will reimburse it, possibly with your deductible/excess. For healthcare costs not reimbursed by your insurance, you will receive the bill yourself.

Kind regards,

Huisartsenpraktijk Overschie

Rotterdamse Rijkweg 130
3042 AS Rotterdam
Tel: 010 – 415 75 12
Fax: 010 – 245 78 87

E: info@huisartsoverschie.nl

W: www.huisartsoverschie.nl



Plus-
praktijk

NEW PATIENT REGISTRATION FORM (patient's details)



Surname/family name + Title : Mr. / Mrs. /Miss /Ms

Maiden name (if applicable) :

First names (+ forename) :

Date of birth :

BSN (Citizen Service No.) :

Marital status :

Home Address (Street + No.) :

Postal Code + City :

Telephone Number(s) :

E-mail address :

Insurance Company :

Insurance Number :

Name Preferred Pharmacy :

Previous Physician's Name :

Religion :

Nationality :

Preferred languages :

Education or Profession :

Occupational status : working/ unemployed / disabled / retired /

Donor card : Yes / No

Living will / Euthanasia : Yes / No

Consent with the transfer of medical records (if applicable)

YES* I hereby give consent to my previous physician, doctor
to transfer my medical file digitally via ZorgFileTransfer to my new general practitioner,
Huisartsenpraktijk Overschie, dokter V.T. Nguyen, praktijk AGB-code 01-057960

Rotterdam,(date) Signature of patient:

**If you do not consent to the transfer of your medical file to Huisartsenpraktijk Overschie, we unfortunately will be unable to provide adequate care; therefore we will not accept your registration.*

MEDICAL HISTORY FORM

*We would appreciate if you would fill out this form concerning your health.
If your household consists of more than one person, each person should complete the form separately, regardless of age.*

Which of the following conditions are you currently being treated or have been treated for in the past (please check):

- Diabetes
- High cholesterol
- High blood pressure
- Eye disorder
- Heart and vascular disease
- Kidney / bladder problems
- Seizures
- Seasonal allergies
- Liver problems / Hepatitis
- Stroke
- Neurological problems
- Anaemia or blood problem
- Cancer
- Joint problems
- Ulcers / colitis
- Thyroid problems
- Lung problems (asthma / COPD)
- Mental illness / psychological problems

Please describe any current or past medical treatment not listed above.

.....

.....

Please list your past surgeries.

Are you currently being treated by a specialist? If yes, which specialist and where?

.....

.....

Have you ever been hospitalized or admitted to surgery? If yes, what for and when.

.....

.....

Do you currently use medications?

If yes, please list name of the drug, strength and dosage.

.....
.....

Are you allergic to penicillin or any other drug (substance)?

If yes, which medicine or (substance) drug?

.....

Do you smoke?

No, I have never smoked.

Yes,cigarettes per day

Yes, formerly smoked, but quit smoking as of:

Are there (hereditary) conditions in the family?

If yes, which illnesses and which family member (including parents and children)?

- | | | |
|--|----------------|-----------|
| <input type="checkbox"/> Diabetes | Family member: | |
| <input type="checkbox"/> Lung problems (asthma / COPD) | Family member: | |
| <input type="checkbox"/> High blood pressure | Family member: | From age: |
| <input type="checkbox"/> High cholesterol | Family member: | |
| <input type="checkbox"/> Heart and vascular disease | Family member: | From age: |
| <input type="checkbox"/> Stroke or cerebral haemorrhage | Family member: | From age: |
| <input type="checkbox"/> Cancer (kind of cancer) | Family member: | |
| <input type="checkbox"/> Mental illness / psychological problems | Family member: | |
| <input type="checkbox"/> Stomach, abdominal, liver problems | Family member: | |
| <input type="checkbox"/> Joint problems | Family member: | |
| <input type="checkbox"/> Kidney / bladder problems | Family member: | |
| <input type="checkbox"/> Thyroid problems | Family member: | |

If there is any other important information for the family doctor to know, you can state that here:

.....
.....
.....

Thank you in advance for completing this questionnaire.

YES

I **do** authorize the below-mentioned healthcare provider making my data available through the LSP. I have read all the information contained in the 'Your medical data available through the LSP (National Exchange Point)' brochure.

NO

I **do not** authorize the below-mentioned healthcare provider making my data available through the LSP. I have read all the information contained in the 'Your medical data available through the LSP (National Exchange Point)' brochure.

GP or pharmacy details

Which healthcare provider does the form concern?

my GP
 my pharmacy

Name: **Huisartsenpraktijk Overschie / dhr. V.T. Nguyen**

Address: **Rotterdamse Rijweg 130**

Postcode and town: **3042 AS Rotterdam**

Pharmacy:

My details

Complete the below details. **Do not forget to sign the form.**

Family name:

Initials:

M F

Address:

Postcode and town:

Date of birth:

Signature:

Date:

Do you wish to give permission with respect to your children?

- For children up to age 12: as a parent or guardian, you have to give your permission. Please use this form.
- For children aged 12 to 16 who wish to give their permission: both the parent or guardian and the child need to sign the form.
- Children aged 16 and over need to give permission themselves and complete a separate form.

Details of my children

Complete the below details of the children with respect to whom you wish to give permission. Do not forget to provide your own signature.

Do you have more than two children? Please complete a new permission form.

Personal and family name:

M F

Date of birth:

YES NO

Signature child:

Personal and family name:

M F

Date of birth:

YES NO

Signature child:

Date:

Signature parent of guardian:

Submit this form to the GP of pharmacy your permission concerns.

ONLINE COMMUNICATION WITH YOUR FAMILY DOCTOR

Do you have a health related question **via email** for your family doctor?
Or would you like to make an **online appointment** with your family doctor?

As of now, this is available on [MijnGezondheid.net](https://mijngezondheid.net),
a secured patient portal for online communication between patient and family doctor.

YES I would like to sign up to [MijnGezondheid.net](https://mijngezondheid.net)

First name & Surname: _____

Date of birth: _____

Mobile phone number*: 06- _____

Email address: _____

* please note that only a Dutch 06 number will be accepted by MijnGezondheid.net

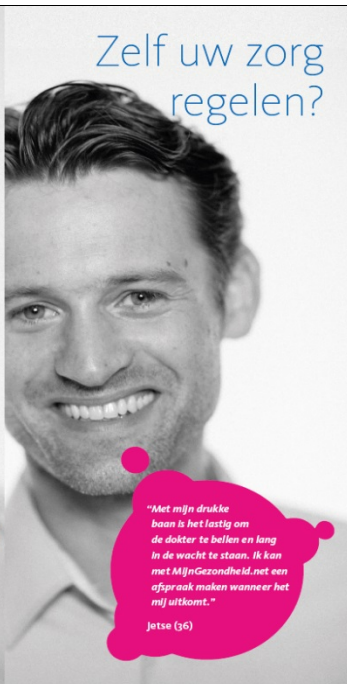
Please return this form to our staff member or apply online by sending an email to:
info@huisartsoverschie.nl

After we have activated it, you will receive a confirmation email.

Once you receive our e-mail, you can log in to [MijnGezondheid.net](https://mijngezondheid.net) through our website
www.huisartsoverschie.nl by using your **DigiD** combined with an extra **SMS-verification code**.



"Mijn bloed wordt geregeld naar het lab gestuurd. Op elk moment van de dag kan ik inloggen bij MijnGezondheid.net en zelf de uitslag bekijken."
Jan (64)



Zelf uw zorg regelen?

"Met mijn drukke baan is het lastig om de dokter te bellen en lang in de wacht te staan. Ik kan met MijnGezondheid.net een afspraak maken wanneer het mij uitkomt."
Jetse (36)



"Vragen aan mijn huisarts stel ik tegenwoordig thuis achter mijn computer, via het e-Consult van MijnGezondheid.net."
Nika (28)

Uw privacy staat voorop
Om er voor te zorgen dat uw gegevens goed beveiligd zijn, logt u in op [MijnGezondheid.net](https://mijngezondheid.net) met uw DigiD met sms-verificatie.

Heeft u nog geen DigiD met sms?
Ga naar www.digid.nl om het aan te vragen.

De voordelen

- Goed beveiligd, persoonlijk zorgdossier
- Praktijk 24/7 bereikbaar
- Online een afspraak maken
- Vraag stellen via het e-Consult
- Herhaalrecepten aanvragen
- Medicatiepaspoort inzien en afdrucken
- Onderzoekresultaten bekijken
- Uw eigen medisch dagboek

