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. Copy of documentation of identity
4. Copy of Health Insurance registration or card

You must also declare to agree with our house rules. If you can't or don't want to conform to these rules, we will not register you as a patient at our practice.

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.

Lastly, you should register at a pharmacy in your neighbourhood. This can be done via the website of the pharmacy and only takes a few minutes.

Kind regards,

**Huisartsenpraktijk Overschie**
Rotterdamse Rijweg 130
3042 AS Rotterdam
Tel: 010 – 415 75 12
Fax: 010 – 245 78 87

E: info@huisartsoverschie.nl
W: www.huisartsoverschie.nl

# HOUSE RULES

## Your address

Due to the Health Insurance Act (Zorgverzekeringswet), we have an obligation to be able to be at your home within a certain timeframe in case of an emergency. As a result, in order to fulfill this obligation, your residence address must be in our care area. Until your address is not verified, we cannot register you as our patient.

→Register as soon as possible in the Municipal Personal Records Database (BRP).
→In case this isn't possible or the registration is taking too long to process, you can hand in a different kind of proof. For example, a rental agreement or municipal confirmation.

## Your medical file

Under the Health Insurance Act (Zorgverzekeringswet) you can only be registered at one general practitioner. We will request your previous physician to transfer your medical file, but your physician must be informed of the fact beforehand.

→Please immediately de-register with your previous physician.

## No-show policy

Appearing late or not appearing to your appointment can have various understandable reasons. Unexpected situations will naturally occur from time to time, and we fully comprehend this. However, you it happens too often we will unfortunately have to bill you.

→Cancel your appointments at least 24 hours in advance (on business days only).

## Minors

Minors below the age of 16, must have at least one parent/caretaker registered as our patient. This parent/caretaker will sign for the minor. If there is a divorce with shared parental custody, both parents must sign for the registration of the child.

From the age of 16, they must sign themselves, under the Protection Of Personal Information Act (Wet bescherming persoonsgegevens).

## De-registration

If you change physician or move (abroad), please let us know. This way we can ensure your medical file doesn't get lost and we can maintain an overview of our patient population.

→ Inform us in case you move or register elsewhere.
→ Inform us if your contact details have changed (telephone number, e-mail).

**On the following page you will sign to declare that you have read, understood and accepted the house rules above.**

## REGISTRATION FORM

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

Maiden name *(if applicable)* : ……..……..

Initials (+ first name) : ……..……

Date of birth : ……..……..

BSN (Citizen Service No.) : ……

Marital status : ……..……..

Home Address (Street + No.) : ……..……..

Postal Code + City : ……

Telephone Number(s) : ……

E-mail address : ……..……..

Insurance Company (+ Number) : ……..……

Preferred Pharmacy : Overschiese apotheek/Other:……..……

Previous Physician's Name :……

Religion : ……

Nationality : ……

Education or Profession : ……

I would like to sign up to MijnGezondheid.net (online patient portal). ☐ YES
→E-consultations, scheduling appointments, viewing your medical file, etc. ☐ NO

I authorize my physician to make my medical data available in the LSP to other healthcare providers, if this is necessary for my treatment. ☐ YES ☐ NO
→For more information, please visit www.ikgeeftoestemming.nl

**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 physician,
**Huisartsenpraktijk Overschie, doctor V.T. Nguyen, practice AGB-code 01-057960.**

The undersigned hereby declares to have read, understood and accepted the house rules.

Rotterdam, ……(date) Signature of patient/guardian: …….....

**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**

gezondheidscentrum overschie.

*We would appreciate if you would fill out this form concerning your health.*

*Under the Medical Treatment Agreement Act (WGBO) the patient must fully inform the physician about their health.*

Medical history that may be of importance (Current and past conditions)

……..

……..

Are you currently being treated by a specialist?
(Please list the specialist's name and the hospital)

……..……

Current medication (Please list the name of the drug, strength and dosage)

……

……

……

Allergies

……..……

Do you smoke?

- □ No, I have never smoked.
- □ Yes, …….. cigarette(s) per day.
- □ Previously. Quit as of:……

Are there any (hereditary) conditions in the family?

| | | |
|---|---|---|
| * Diabetes | Family member: | |
| * High cholesterol | Family member: | |
| * Heart and vascular disease | Family member:: | From age: |
| * Cancer (what type?) | Family member: | |

Any other medical information you wish to disclose:

……..……

……..……