

Registration form General Practice HORTUS

**Registration only possible for inhabitants of the following ZIP-codes areas:
2311, 2312, 2313, 2321 or 2332**

This registration form can be printed, filled in and when signed subsequently handed in at Rijn en Schiekade 16. Due to Dutch privacy legislation this registration cannot be sent by email.

One separate registration form must be used per person to be registered.

The application will be processed in the order in which it is received and if there is capacity, the registration will be confirmed via a link for your digital patient portal. You will receive an email from us with a confirmation link. If you confirm this, you will be registered with our general practice from that moment on and we will provide regular general practitioner care. From that moment on you can also make appointments online and send e-consultations.

It is important that you then give your previous GP permission to send us your medical file. You must actively contact your previous general practitioner for this! Finally, on your first visit to us, you must bring a valid ID with you. Only after registration of your ID, the registration will be complete.

Citizen Service Number (BSN):

First name and Surname.....

Date of birth:

Address:

Postal Code:

Residential city:

Insurer:

Insurance policy number:

Telephone number:

E-mail address:

Pharmacy:

Do you give permission for the exchange of your electronic patient file with De Limes General Practitioners (emergency care evenings / nights / weekends): **Yes / No**

Information on health

Have you had a flu vaccine (flu jab) in the past year? **Yes / No**

Are you hypersensitive (allergic) to medicines, foods or other fabrics? If yes, which one?

.....

Are you currently being treated by a medical specialist? **Yes / No**

If yes, which specialist and for which complaint?

.....

Which important **medical condition(s)** should be taken into account?

1

2

3

Do you use medicines? **Yes / No** If yes, which one(s):

Name: Fortitude (mg): Dosage:

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Are there any family members living at the same address who are also registering, or who are already registered? **Yes / No**

If yes, what is/are their Citizen Service Number(s)/BSN (in order to link the address)

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Date registration form received (to be noted by employee):.....

Signature patient for agreement on receiving invoices in case of absence insurance/foreign insurance:

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