

Registration Form – General Practice Zeeburg

Attn: Dr. Roelofsen

Address: Insulindeweg 476, 1094 MH Amsterdam

Phone: 020 - 665 9828

Website: www.huisartszeeburg.nl

First and last name: Male/Female/Other

Initials: **Preferred name:**

Date of birth:

Home address:

Postal code and city:

Place and country of birth:

Phone (mobile / landline): /

Email address:

Emergency contact person: **Phone:**

Marital status: Married/Divorced/Single/Cohabiting/Living alone

Occupation / Study / Benefits:

Pharmacy (new):

Previous general practitioner: **City:**

Health insurance provider: **Policy number:**

Citizen Service Number (BSN):

Do you give permission for the **LSP (National Exchange Point)** so that other healthcare providers can access your medical records when necessary? For example, the out-of-hours GP service. **YES / NO**

Amsterdam, date: **Signature:** 

Medical History

Have you had any major illnesses or surgeries? If yes, in which year or since when?

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Are you currently being treated for any illnesses? If so, by which doctor?

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Do you use any medication? If so, which ones, what dosage, and how often?

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Family Medical History

Do any diseases run in your family? Think of high blood pressure, heart disease, stroke, cancer, diabetes, asthma, or congenital conditions. If so, in whom?

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Lifestyle

Do you smoke? **YES / NO** If yes, how many cigarettes per day?

Do you drink alcohol? **YES / NO** If yes, how much per day?

Do you use drugs? **YES / NO** If yes, which ones and how often?

Allergies

Do you have any allergies, for example, to iodine, antibiotics, or (brown) plasters? **YES / NO**

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Note: Please ensure that your previous GP removes you from their patient list and that your medical records are transferred to us!

Don't forget to register for UwZorgOnline to book web appointments, e-consultations, or request repeat prescriptions online. See:

<https://huisartsenpraktijkroelofsen.uwzorgonline.nl>