

Patient – registration form Huisartsen Pleinwegpraktijk

Zip code area 3081 and 3083. If you live in one of these zip code areas and you are looking for a general practitioner (GP), you can register.

You can send this form to the practice or mail to: recept@pleinwegpraktijk.nl.

One person can be registered per form, if you want to register family members then fill in a separate form for each family member! This prevents errors and / or mistakes.

Which doctor do you prefer? Our practice is divided in two clusters:

mr. Edskes & mrs. Mast

or

mrs. Van der Ent & mrs. Hau

Details of the person who registers:

Your BSN (social security) number:

What is the home address / house number?

What is your zip code / town?

Your surname at birth?

Your family name (if applicable)?

Your initial (s)? Your first name in full:

Your prefix (s)?

The date of birth?

Sex: male / female

What is your phone number?

What is your personal email address?

What is your current profession or training?

What is your health insurance number?

What is the name of your insurance company?

At which pharmacy you are registered?

What is the name of your previous doctor (GP)?

The address of the previous doctor (GP) ?

Questionnaire medical risk factors
Only fill in if you are 16 years or older!

What is your height?

	,		Meter
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What is your weight?

	Kilogram
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Please circle what applies to you

How much do you smoke?

0	Not
1	<1 pack per week
2	<1/2 pack per day
3	>1/2 pack per day

Stop smoking

0	not applicable (you do not smoke)
1	stopped (stop date: _____)
2	wishes to stop
3	does not want to stop

Is there a history of diabetes?

	↓	↓
yourself	Yes	No
your father	Yes	No
your mother	Yes	No
sister (s)		(number)
brother (s)		(number)

Is there a history of breast cancer?

yourself	Yes	No
your mother	Yes	No
your grandmother	Yes	No
your sister (s)		(number)
your aunts		(number)

Is there a history of cardiovascular diseases (heart attack or stroke)?

yourself	Yes	No
your father, onset before the age of 60	Yes	No
your mother, onset before the age of 60	Yes	No

Is there a history of asthma?(yourself)	Yes	No
Is there a history of COPD?(yourself)	Yes	No

Huisartsen Pleinwegpraktijk	Pleinweg 116-D	Telefoon: (010) 4 811 404
Dhr F. Edskes, huisarts		
Mw. F.R. Mast, huisarts	3083 EM Rotterdam	Fax : (010) 4 102 709
Mw. M.G. van der Ent, huisarts	Email :	recept@pleinwegpraktijk.nl
Mw. C.H. Hau, huisarts		www.pleinweg.praktijkinfo.nl

Huisartsen Pleinwegpraktijk is affiliated with the National Switching Point (LSP)

With your permission, we can ensure that you receive the best care in the evenings and weekends. If you have to visit the doctor in the evening or at the weekend, this doctor can request your most important medical data from us. Medical data is then exchanged via a secure network (LSP) with the huisartsenpost and with the pharmacy.

For more info visit: www.volgjezorg.nl

Make your choice here:

- YES** I give permission to the care provider below to make my data available via the LSP.
- NO** I do not give permission to the care provider below to make my data available via the LSP.

**DECLARATION OF REGISTRATION AT HUISARTS
AND REQUEST FOR MEDICAL FILE**

The undersigned is registered with one of the following two clusters of general practitioners (please circle):

F. Edskes & F.R. Mast OR M.G. van der Ent & C.H. Hau

Huisartsen Pleinwegpraktijk
Pleinweg 116-D
3083 EM Rotterdam
AGB code: 01059281

And gives the new GP permission to request the medical file from previous GP:

Name:

Date of birth

BSN number:

Signature: Date:.....

For children up to 12 years: you give consent as a parent or guardian.
For children from 12 to 16 years who want to give permission: both you as a parent or guardian and the child sign.
Children from 16 years of age give their own permission and complete their own form.

(T.a.v. de oude huisarts: gegevens ontvangen we bij voorkeur via zorgmail filetransfer en als SPOD-bericht)