

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. Hau

Details of the person who registers:

Your BSN (social security) number:

Sex: male / female

The date of birth?

City of birth Country of birth

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

Your prefix (s)?

Your surname at birth?

Your family name (if applicable)?

What is the home address / house number?

What is your zip code / town?

What is your phone number?

What is your personal email address?

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 weight?

	Kilogram
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What is your height?

,	Meter
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Please circle what applies to you

Do you smoke?

Never	Date stopped?
Before	
Yes	

Do you wish to stop smoking

Yes
No

Is there a history of diabetes?

	Yes	No
Diabetes: yourself ?	Yes	No
Diabetes: your father ?	Yes	No
Diabetes: your mother ?	Yes	No
Diabetes: your sister (s) ?	Yes	No
Diabetes: your brother (s) ?	Yes	No

Is there a history of breast cancer?

	Yes	No
Breast cancer: yourself ?	Yes	No
Breast cancer: your mother ?	Yes	No
Breast cancer: your grandmother ?	Yes	No
Breast cancer: your sister (s) ?	Yes	No

Is there a history of heart attack or stroke: Cardio Vascular Diseases?

	Yes	No
CVD: yourself ?	Yes	No
CVD: your father before the age of 60	Yes	No
CVD: your mother 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

What is your job (if applicable)?

Huisartsen Pleinwegpraktijk
Dhr F. Edskes, huisarts
Mw. F.R. Mast, huisarts
Mw. C.H. Hau, huisarts

Pleinweg 116-D

3083 EM Rotterdam

Telefoon: (010) 4 811 404

www.pleinweg.uwartsonline.nl

Email: recept@pleinwegpraktijk.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 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:.....

Parent / guardian (name):

Signature:

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.