



**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 hight?**

,	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?**

	↓	↓
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

**Did you got cancer treatment with radiation and/or chemotherapy?**

	Yes	No
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If so, what type of cancer? .....

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

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

**Lung diseases?**

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

TAKEN

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

Pleinweg 116-D

3083 EM Rotterdam

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Email: [recept@pleinwegpraktijk.nl](mailto: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](http://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.