

Huisartsenpraktijk Vrijheidslaan / General Practice “Vrijheidslaan”

Dear Sir / Madam,

You have approached our General Practice (GP) and we wish you a warm welcome. We ask you to read and fill out this form carefully.

Please don't forget to sign the form once you have completed it.

Also, did you tell your previous general practitioner that you have left his practice?

A copy of this form will be sent to your previous general practitioner with a request to send us the file containing your medical history.

.....

With this signed form I register myself as a patient of the GP “Vrijheidslaan”, Vrijheidslaan 24, 1078 PK in Amsterdam, until further notice.

I authorize this Practice to unsubscribe myself at my previous GP and I request him/ her to send the file containing my medical history to GP “Vrijheidslaan”

Date:

Signature:

Mr./ Mrs.

Surname: _____ Initials: _____ First name: _____

Date of Birth: ____ - ____ - _____ (day – month – year)

Place of Birth: _____

Present Address: _____

Zip code: _____

Phone: _____ Mobile Phone: _____

E-mail address: _____

Profession: _____

Marital status: _____

Living situation: _____

Religion: _____

BSN: _____

Insurance: _____ (Insurance) number: _____

Pharmacy: _____

Whom should we contact in case of emergency?

Name:

Phone number:

Name of previous General Practitioner:

Address:

Phone number: