Registration with your GP:	ION registered	File to follow	
		Yes ☐	No ☐

Registration Form – for Patient Enrollment at General Practice Blankenburg

By completing this form, you are registering with our general practice. To ensure a smooth registration process, please:

- fill out this form **completely** and hand it in at the reception desk.
- Bring a valid ID with you when handing in the form, also for any children.
- Bring your health insurance card or proof of registration with your insurer.
- Inform your previous GP of your departure and give permission for a digital transfer of your medical records.

If you are filling out this form for a child under 16 and share custody, both parents (or guardians) must agree and sign. A child or young person from the age of 16 must give their own consent for registration and the request of medical data. **A separate form must be completed for each person to be registered.**

Personal Details

Citizen Service Number (BSN):					
ID check – Number ID:		**Type of ID:**			
Current health insurer:					
Insurance policy number:					
Surname:					
Initials:		Preferred name:			
Date of birth:	……. - ……. - …….	Gender:	M / F / other:		
Street name:		House number + additions			
Postal code		City:			
Phone number:					
Mobile number:					
E-mail address:					
Emergency Contact (Optional)	Name: …… Phone number: …… **May this person make appointments and request test results on your behalf?** (You're the one who's responsible for possibly canceling the authorization) ☐ Yes ☐ No				

Are there other people in the **same family household** at this address?	Yes / No – **If yes, please list names and dates of birth:** ……..…… ……-……-…… ……..…… ……-……-…… ……..…… ……-……-…… ……..…… ……-……-……

Child Registration (If applicable)
Complete this section only for child registration. Each child must have a separate form.
Please tick the appropriate box:

Child under 12: Both guardians sign for registration and data exchange.	☐
Child 12–16: Both guardians and the child sign.	☐
Child 16+: No guardian signatures required.	☐
For Practice Staff: Perform identity check based on valid ID.	**ID check**
Date: ……-……-…… Guardian's Name 1 : …… Relationship to Child : …… Signature (1) : ……	☐
Date: ……-……-…… Guardian's Name 2 : …… Relationship to Child : …… Signature (2) : ……	☐
Date: ……-……-…… Child's Name : …… Signature : ……	☐

Previous General Practitioner

Name:	
Address:	

Previous Pharmacy

Name:	
Address:	

New Pharmacy (You must register by the new Pharmacy yourself)

Name:	
Address:	

Permission for Requesting and Sharing Information

I hereby give permission to request my medical records from my previous GP and/or pharmacy.
I hereby also give permission to exchange relevant medical data with the new pharmacy.

Date: …….. - …….. - …… Signature: ……..

Huisartsenpraktijk
BLANKENBURG
Blankenburg 3
3181 BC Rozenburg
Tel. (0181) 820 920

Medical Information

Do you have known allergies, sensitivities, or side effects to medications or substances?

☐ No

☐ Yes (please specify below)

Substance or Medication	Reaction / Details

Do you use any medication?

☐ No

☐ Yes (please list below)

Medication	Dosage (mg)	Frequency a day or in a week

Are you currently under specialist care?

☐ No

☐ Yes, (please specify below)

Specialist name:	Hospital name:

Have you ever had surgery?

☐ No

☐ Yes, (please specify below)

Type of surgery?	Date of surgery

Any other relevant medical history your GP should know?

_____

_____

_____

_____

_____

LSP Consent

By signing this form, I also **give** ☐ do **not give** ☐ consent for the LSP. The National Switch Point is not a database. No medical data is stored there. Your medical information stays in your GP's and pharmacy's files. Other healthcare providers can view the most important information through the National Switch Point. This means that if you go to the urgent care center or are admitted to the hospital, the doctors there can see the most recent information in your file. Additionally, your new pharmacy can request information from the hospital about your medication use. More information can be found at: https://www.volgjezorg.nl/het-lsp

Declaration. I confirm that the information provided is accurate.

Date ……-……..-…….. Signature: _____

Uw Zorg Online

Through this patient portal, you can make appointments yourself, request repeat prescriptions or ask your GP a question or send a photo. You can also view your own digital file after logging in.

You can download the app via: https://huisartsenpraktijkblankenburg.uwzorgonline.nl/inloggen-en-registratie/app (this link can also be found on our website). You can log in with your DigiD.

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Checklist voor de praktijkmedewerker
(Checklist for the practice employee)

Bij afgifte van het formulier door patiënt aan de praktijkmedewerker:

☐ ID-check en notitie ID-nummer.

☐ Zorgverzekering polisnummer genoteerd?

☐ Heeft de patiënt zich laten uitschrijven bij vorige huisarts?

☐ Heeft de patiënt aangegeven wel of geen LSP-koppeling?

☐ Folder Uw Zorgonline app meegeven.

☐ Leaflet bij inschrijving meegeven, huisarts aankruisen op het formulier.

☐ Gedragsregels meegeven.

Bij verwerking in het HIS:

Checks door de praktijk	Datum	Medewerker	Paraaf
COV controle			
ION controle			
Invoeren NAW in MHIS			
Meerdere personen woonachtig op dit adres? Zo ja, zelfde huisarts.			
Melding werkblad in MHIS			
Dossier ingelezen			
Actueel medicatie overzicht opgevraagd bij vorige apotheek			
Genoemde allergieën doorgevoerd in dossier			
Toestemming LSP verwerkt			
Verificatie door huisarts			