# J.V.C. ten Berge

N. Joosen

E.J.M. Snoeren

V. van Oorschot

*huisartsen*

Date of registration General Practice

………………………………….……

Please inform your previous GP of your registration with us.

**Fill in by the assistent.**

APOTHEEK □

LSP □

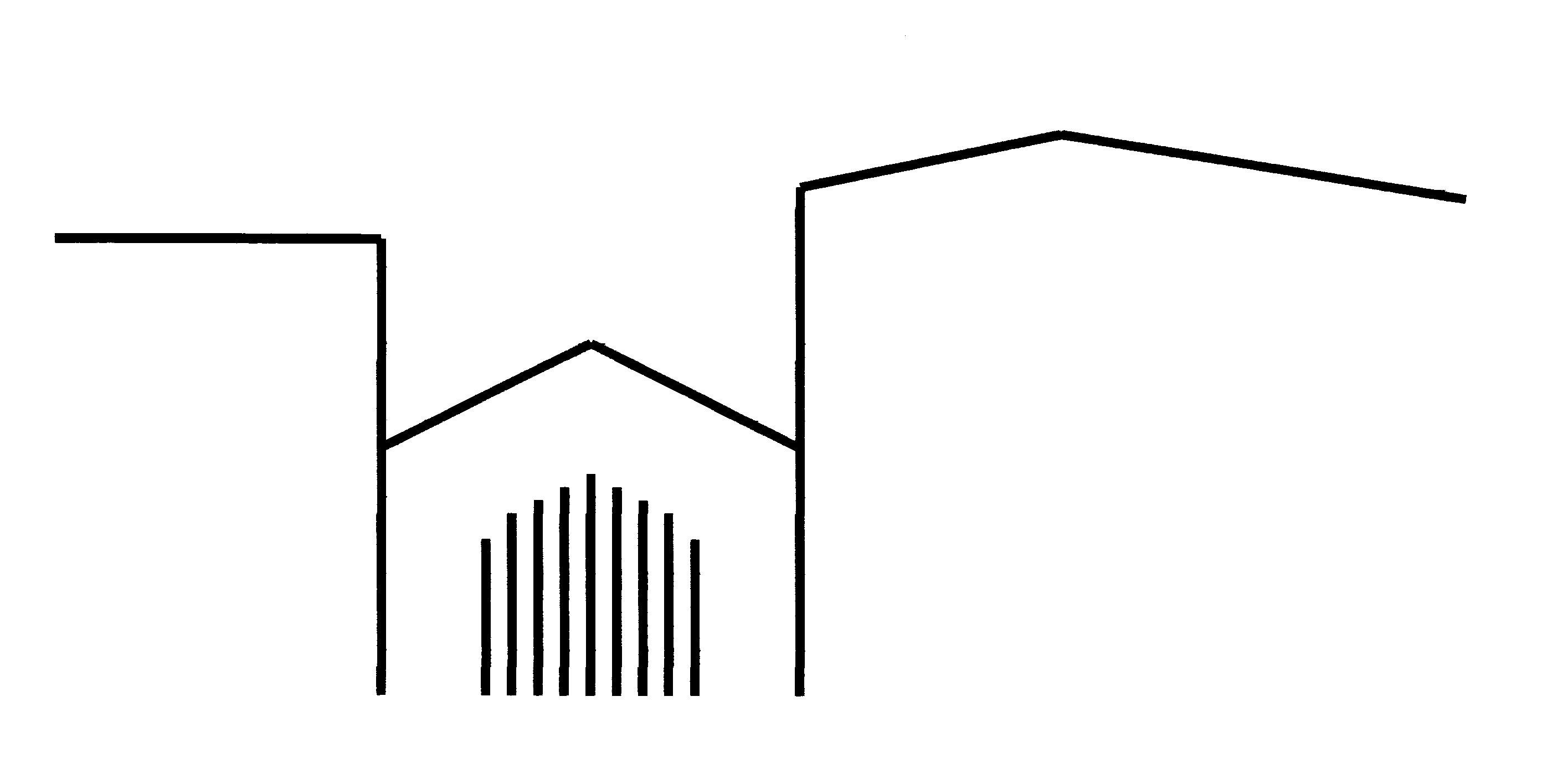
ION □

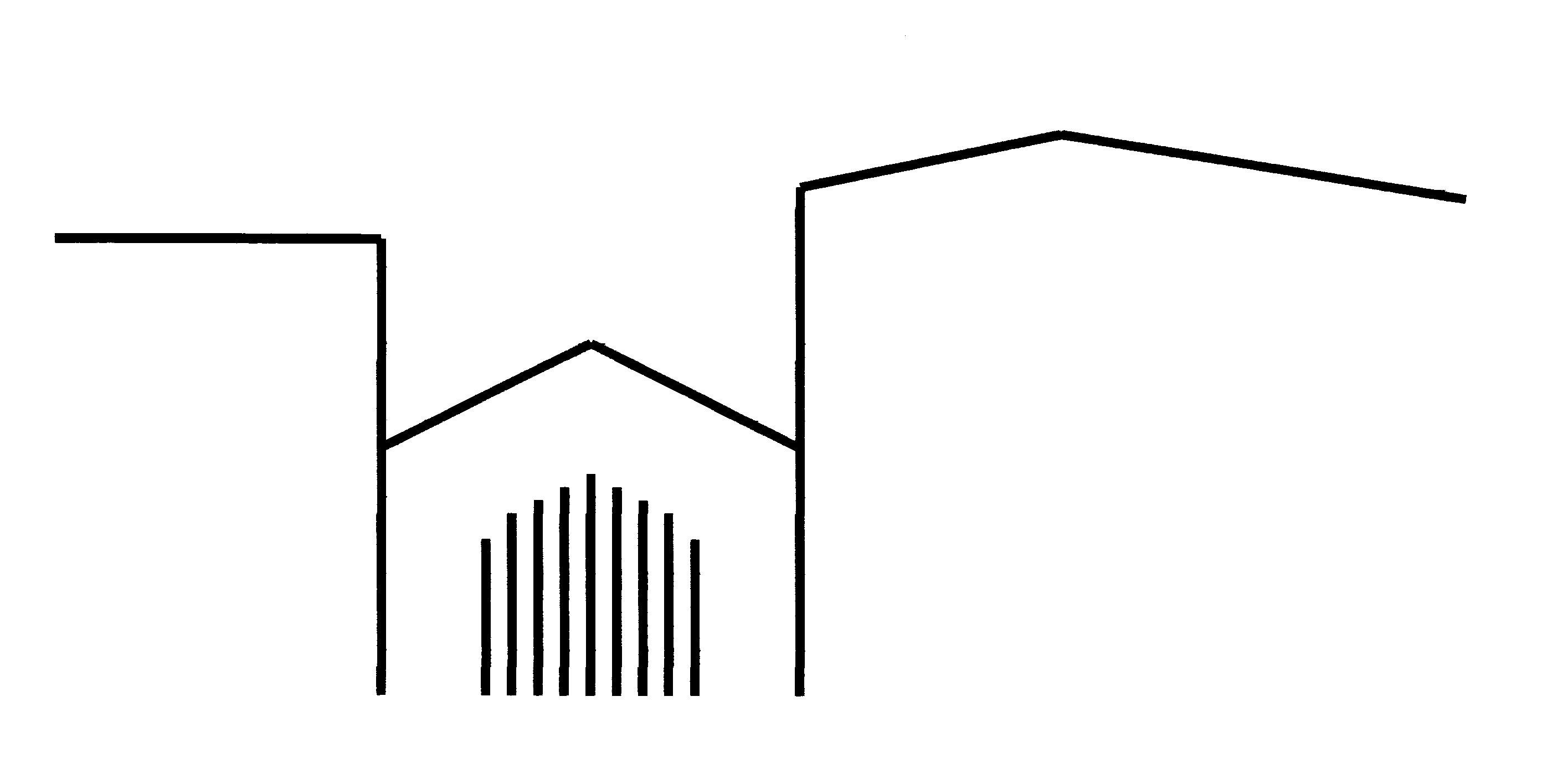
Zorgportaal □

GP: ………

DA: ……….

Newsletter? ………..





Huisartsenpraktijk “t Weeshuis” 🡪

Begijnenstraat 29

# 6511 WN Nijmegen

tel.: 024-3228380

www.hapweeshuis.nl

Please fill in capital letters

Sure name and initials: ………………………………….……… m / f

…………………………………………...……

Date of Birth: …………………………………………………

Place of Birth: …………………………………………………

Address: Name and number street: …………………………………………………

Postal code and City: …………………………………………………

Phone: Home: ……………………………………….………..

Mobile GSM: ………………………………………………….

In case of emergency: Name and Phone number: …………………………………………………

E-mail address: …………………………………………………

Name Health Insurance: …………………………………………………

Polis-, / Relation number: …………………………………………………

ID: Passport, driving license or ID card: sort/number……………………………….

BSN: …………………………………………………

Pharmacy: …………………………………………………

Name en address previous GP: …………………………………………………

…………………………………………………

…………………………………………………

Would you like to receive the newsletter? …………………YES/NO……………………

Do you have a partner in our practice living at the same address? Please give name and date of birth so we can connect you to each-other.

……………………………………………

SIGNATURE:

…………………………………….

………………………………….………..…

I hereby give permission to the general prpractice my practice ‘t Weeshuis to request my medical file to HAP 't Weeshuis.

NB:

All the above information will be used solely of the

administration of GP ‘t Weeshuis.

