REGISTRATION FORM

**Hydepark Medical Center mainly works online with Mijngezondheid.net (MGN). With this registration you are aware that you will arrange your healthcare matters online**.

|  |  |
| --- | --- |
| Last name |  |
| FirstName | M/V  |
| Date of birth/City/Country |  |
| Streetname/Number |  |
| Portal code/city |  |
| Mobiel number |  |
| Do you speak Dutch/ English  | YES/NO Interpreter/Tolk phone …………………. |
|  |  |
| Do you have insurance | YES/NO |
| Insurance name and nr |  |
| **BSN number** |  |
| Partner of children on the same address?  | Each family member must complete a separate form,. |
| **Email-address** |  |
| Pharmacy | Veen/Skagerrak/Toolenburg/ or ……………… |
| Which medication do you use? |  |
| Did you have an other doctor in the Netherlands in the past?  | YES/NO |
| Name/Address/City of the doctor in the Netherlands  |  |
| Do you consent exchange of medical data with healthcare providers? | YES/NO |

**Date of the day……………. Signature ………………………..**

IMPORTANT

1. Fill in this form legibly, especially BSN number and email address, send to pohs@mchydepark.nl

2. You will receive confirmation by e-mail whether you are registered, until this time you are not registered.