REGISTRATION FORM

|  |  |
| --- | --- |
| 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 ………………………..**

***Registration procedure and conditions:***

*You can send this registration form digitally to pm@mchydepark.nl*

*You will receive confirmation by email whether you have been registered, until then you are NOT registered.*

***With this registration you are informed:***

*1. That you are only registered as a patient if you have health insurance, with which we can invoice directly.*

*2. You will arrange your healthcare matters online with Mijngezondheid.net (MGN), see link: Home | MijnGezondheid.net*

*3. With this registration you give permission for your file to be exchanged securely via the National Exchange Point (LSP) to prevent medical errors. For more information, see link: Consent form for exchanging medical data (patientenfederatie.nl)*