**Huisartsenpraktijk 3 Bruggen**

**Schilbergerstraat 29**

**6102 AH ECHT**

**Tel 0475-486464**

**Email:** **hapde3bruggen@ezorg.nl**

**Registration form Huisartsenpraktijk 3 Bruggen**

|  |
| --- |
| **Personal details** |
| Last name and initials |  |
| Maiden name |  |
| First name |  |
| Date of birth | (dd-mm-yyyy) |
| Sex | male/female |
| Nationality |  |
| Health insurance  |  |
| Insurance number |  |
| Social security number (BSN) |  |
| Current pharmacy  |  |
|  |
| **Address details** |
| Address and number |  |
| Postal code and city |  |
| Telephone number  |  |
| Mobile number |  |
| Email address |  |
|  |
| **Details of the previous GP and pharmacy** |
| GP and city |  |
| Pharmacy and city |  |

Undersigned:

* hereby declares that he/she is registered from \_\_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_ (dd-mm-yyyy) as a patient
in the GP-practice Huisartsenpraktijk Feurtherpoort;
* gives the new GP permission to request the medical file.

Place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(dd-mm-yyyy)

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature parents/legal guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NB: : The guideline for consenting to minor children is as follows:

* For children up to age 12 years: the parent or guardian gives permission. Please use this form.
* For children aged 12 to 16 years who wish to give their permission: both the parent or guardian and the child need to sign this form.
* Children aged 16 years and over need to give permission themselves and fill-out their own form.

 **Other family members under the age of 12:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Last name and first name | Date of birth | M/F | Health insurance | Insurance number | Social security number |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Permission form**

**Your medical data available through the LSP**

I **do** / **do not** authorize the below-mentioned healthcare provider making my data available through the LSP. I have read all the information contained in the ‘Your medical data available through the LSP (National Exchange Point)’ leaflet.

# GP or pharmacy details

|  |  |  |
| --- | --- | --- |
| **Which healthcare provider does the form concern?** | **🞏 my GP** | **🞏 YES****🞏 NO** |

|  |
| --- |
| **Name:** Huisartsenpraktijk 3 Bruggen |
| **Address:** Schilbergerstraat 29 |
| **Postcode and town:**  6102 AH ECHT |
|  |

# My details Do not forget to sign the form.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Family name:** |  | **Initials:** |  | **🞏 M** | **🞏 F** |
| **Address:** |  |
| **Postcode and town:** |  |
| **Date of birth:** |  | **Signature:** |  |
|  |  | **Date:** |  |
|  |  |  |  |  |  |

# Do you wish to arrange permission for your children?

* For children up to age 12: the parent or guardian gives permission. Please use this form.
* For children aged 12 to 16 who wish to give their permission: both the parent or guardian and the child need to sign this form.
* Children aged 16 and over need to give permission themselves and fill-out their own form.

# Details of my children

Complete the below details of the children with respect to whom you wish to give permission. **Do not forget your own signature.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Family name:** |  | **Initials:** |  | **🞏 M** | **🞏 F** |
| **Date of birth:** |  | **Signature:** |  | **🞏 YES** | **🞏 NO** |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Family name:** |  | **Initials:** |  | **🞏 M** | **🞏 F** |
| **Date of birth:** |  | **Signature:** |  | **🞏 YES** | **🞏 NO** |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Family name:** |  | **Initials:** |  | **🞏 M** | **🞏 F** |
| **Date of birth:** |  | **Signature:** |  | **🞏 YES** | **🞏 NO** |
|  |  |  |  |  |  |

**Do you have more than three children? Please complete a new permission form.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature parent****or legal guardian::** |  | **Date:** |  |
|  |  |  |