



HUISARTSENPRAKTIJK BREGMAN

The patient declares to be registered with the above gp in his/her practice in his/her name, with his/her (if applicable) family members .

Patient(s) data:

Registration date general practice:-.....-..... (dd-mm-year)

Initials :
Surname :
Maiden name :
Date of birth :
Gender (M/F)
BSN number :
Health insurer :
Health insurance number :
ID-proof/passport/driver's license document number:
(strikethrough does not applicable)
Address :
Zip Code :
Residence :
Emailaddress :
Phone number :
Mobile number :

1 ^e Child First and last name	:	2 ^e Child First and last name	:
Date of birth	:	Date of birth	:
Gender (M/F)	:	Gender (M/F)	:
BSN number	:	BSN number	:
Health insurer	:	Health insurer	:
Health insurance number	:	Health insurance number	:
ID-proof/passport/driver's license document number	:	ID-proof/passport/driver's license document number	:

3 ^e Child First and last name	:	4 ^e Child First and last name	:
Date of birth	:	Date of birth	:
Gender (M/F)	:	Gender (M/F)	:
BSN number	:	BSN number	:
Health insurer	:	Health insurer	:
Health insurance number	:	Health insurance number	:
ID-proof/passport/driver's license document number	:	ID-proof/passport/driver's license document number	:

Name old GP :
Name of **new** pharmacy :

SHARE MEDICAL DATA ELECTRONIC WITH OTHER CARE PROVIDERS AND THE PHYSICIAN POST?

This is possible through the Landelijk Schakel Punt (LSP).

I give permission for my data to be exchanged through the LSP: yes / no

You can also give permission online at www.volgjezorg.nl. Here you will also find information about electronic healthcare infrastructure. You can decide for yourself which healthcare providers you make your medical data available to.

The registration form can be emailed to huisartsenpraktijkbregman@ezorg.nl or handed in at the counter of the practice.

Signature:

Date: