



Registration form

W.M.G. Linders

M.H.J. Schlangen

Nieuw Holsterweg 29

6061 EG Posterholt

Tel: 0475-402626

Spoed tel: 0475-402626, keuze 1

Dear Sir/Madam,

You recently registered as a patient at our practice. We warmly welcome you. It is of great importance that every resident of the Netherlands is registered with only one GP practice.

Therefore, when switching to another practice, both a correct registration and a careful deregistration with your previous GP are required. This is important because health insurers make payments to GP practices on your behalf. It must be clear to all parties involved where you are registered, so that potential problems in payment transactions are prevented.

We kindly request that you inform your other healthcare providers of your switch to our practice. This includes hospitals where you are currently receiving treatment, home care organizations, physiotherapists, speech therapists, psychologists, or other care providers.

In the form, we also ask for your permission to exchange medical data with the Out-of-Hours GP Service. This can be of great importance in emergency situations, as healthcare providers will then have insight into your medication use and any chronic conditions. Only doctors and medical assistants at the Out-of-Hours GP Service are authorized to access your file. Additionally, please do not forget to inform your pharmacy whether the on-call pharmacy is permitted to access your medication records. You can also record your own consent choices regarding the sharing of medical information at www.mijnMitz.nl.

We kindly request that you carefully read, complete, and sign the following page so that we can provide you with the best possible medical care.

Sincerely,

Team General Practice Posterholt

Dr. Linders & Dr. Schlangen
Nieuw Holsterweg 29
6061 EG Posterholt
Tel: 0475-402626

Personal information:

First name		
Family name		
Gender	☐ Male	☐ Female
Date of birth		
Place of birth		
Civil status		
Adress & house number		
Postal code & city		
Telephone number		
E-mail-adress		

Health insurance company:

Health insurer			
Insurance number			
National identificaton number			
Identification & number of the card	☐ Passport	☐ ID-card	☐ Driver's license
	Number:		

Health care providers:

Choose a doctor	☐ dr. Linders	☐ dr. Schlangen
New pharmacy	☐ Apotheek Posterholt	
	☐ Apotheek Melick	
	☐ Apotheek Herkenbosch	
	☐ Different, namely	

Information previous general practioner:

Name	
City	
Telephone number	
Last pharmacie	

Medical information:

Are you familiair with medical conditions?	☐ Yes, If so, which one:	☐ No
Are you taking medication?	☐ Yes	☐ No

Permission:

Do you agree to access by doctors and pharmacies to your important medical data (including medication and allergies) via the National Exchange Point? N.B. You can record your own consent choices regarding the sharing of medical data with other healthcare providers at www.MijnMitz.nl .	☐ Yes ☐ No
Would you like an online account for our patient portal? This allows you to easily schedule an ap- pointment online, request repeat prescriptions, view results, or access part of your medical record.	☐ Yes ☐ No

DATE:

SIGNATURE: