



Registration as a new patient

- Please inform your previous family physician and ask them to send your patient file to Huisartsenpraktijk De Draai.
- We would like to receive a new registration form for every family member.

Personal data	
Date of registration	
Family name	
Maiden name	
Initials	
First name	
Date of birth	
Gender	
Address (street + number)	
Zip code	
Residence	
Phone number	
Mobile phone number	
E-mail <i>For each family member we would like to receive an e-mail address</i>	
Is someone already registered with us with your address? If yes, who? <i>Please mention name and date of birth. We would like to receive a separate registration form for everyone.</i>	
BSN Number <i>Please bring your ID card to your first appointment</i>	
Health insurance company	
Health insurance number	
Which pharmacy would you like to use? <i>To utilize the opportunities of MijnGezondheid.net and the MedGemak-app for the pharmacy, you should register yourself at the pharmacy.</i>	<ul style="list-style-type: none">○ ACN pharmacy Centrumwaard○ ACN pharmacy Middenwaard○ ACN pharmacy Stad van de Zon○ Other pharmacy:
Previous family physician (Name, address and phone number)	

Previous pharmacy (Name, address and phone number)	
Sometimes it may be necessary to share medical information with other healthcare providers. We ask your permission to share this necessary information via the LSP. For more information, check out the website: Landelijk Schakel Punt (LSP) (huisartsenpraktijkdedraai.nl)	
Please sign if 16 years and older:	
Date	
Signature	<input type="radio"/> Yes, I give my permission <input type="radio"/> No, I don't give permission