

## Registration form

**Name and Initials:** \_\_\_\_\_

**Preferred Name:** \_\_\_\_\_

**Place and country of birth:** \_\_\_\_\_

**Country of Birth:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**BSN Number:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Landline Phone:** \_\_\_\_\_

**Mobile Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Health Insurance Provider:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Preferred General Practitioner (GP):** \_\_\_\_\_

**From which date would you like to register:** \_\_\_\_\_

**Do you consent to the exchange of medical data with other healthcare providers (such as pharmacy and out-of-hours GP services)? Yes / No**

**Are you registering at an address where one or more patients of Huisartsengroep Milbergen already reside? If yes, who are they:**

**Name(s):** \_\_\_\_\_

**Date(s) of Birth:** \_\_\_\_\_

*Note: If you register at an address where one or more patients of Huisartsengroep Milbergen already live, you will automatically be assigned to their GP.*

*If desired, it is possible to schedule an introductory meeting with your preferred GP. To do so, please call our appointment line: 024-6632111.*

*To provide you with appropriate care, we would like to be well-informed about your medical history. It is therefore important that we receive your medical records from your previous GP.*

**Which pharmacy would you like to use:**

- ☐ Pharmacy Pegasus
- ☐ Pharmacy De Duffelt
- ☐ Other, namely: \_\_\_\_\_

**Details of Previous GP**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**City:** \_\_\_\_\_

**By signing, you give us permission to request your medical records from your previous GP.**

**Place:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

This fully completed form, along with a copy of your **passport, ID card, or driver's license**, should be sent to:

**Huisartsengroep Milbergen**

**Kerkdijk 22**

**6576 CE OOIJ**

Alternatively, you can submit it at one of our practice locations in Beek, Ooij, Leuth, or Millingen aan de Rijn.

You will receive confirmation of your registration as soon as possible (usually within two weeks).