

Registration form

Name and Initials: _____

Preferred Name: _____

Place and country of birth: _____

Date 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).