

Declaration of registration with:

- ☐ A.H. Bollongino
☐ E. Faber/ A. Bennink
☐ F.M.G.M. Oostendorp
☐ N.A. MacLeod

The undersigned hereby declares registration with the above general practitioner in his/her name, with (if applicable) his/her family members.

1	First name and initials	
	Last name (and if applicable, maiden name)	
	Date and place of Birth	
	Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
	Phone number	
	Email	
	Health insurance	
	Registration number insurance (relation number)	
	BSN number (Dutch social security number)	
2	First name and initials	
	Last name (and if applicable, maiden name)	
	Date and place of Birth	
	Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
	Phone number	
	Email	
	Health insurance	
	Registration number insurance (relation number)	
	BSN number (Dutch social security number)	

Addres:

Housenumber:

Postal code:

City:

Pharmacy:

☐ Passport ☐ Driver license ☐ Other:

Previous GP:

ID nummer:

Hereby, I give my permission to my previous GP to send my medical file to MC de Artsenij.

- ☐ **YES**, I do give permission to MC de Artsenij to share my medical file with the LSP. I am aware what the LSP contains.
☐ **No**, I do not give permission to MC de Artsenij to share my medical file with the LSP. I am aware what the LSP contains.

Signature:**Date:**

Please note: if more members of one family are registered with the same GP, we need the following information from each individual member of the family: date of birth, registration number and BSN number. However, we only require one signature on this form.