Bode Verhagen
huisartsen

Werradreef 3 | 3562CW | UTRECHT
030-2642640

Registration form

A separate form must be completed for each family member over the age of 16.
Please complete the form as fully as possible. Thank you in advance!

Name ----------

Maiden name (if applicable): ----------

Initials/first name: ----------

Date and place of birth: ----------

Gender ----------

Address/house number: ----------

Postal code/city: ----------

Phone number: ----------

Email address: ----------

Health insurance provider: ----------

Policy number: ----------

Citizen Service Number (BSN): ----------

Document number (driver's license/passport/ID): ----------

My pharmacy is/will be: ----------

Details of previous general practitioner: ----------

- o The undersigned hereby gives permission to request his/her medical records from the previous general practitioner.
- o The undersigned hereby gives permission to share relevant medical information with the afterhours clinic, pharmacy and specialists via the LSP (National Exchange Point). See www.volgjezorg.nl for more information.
- o The undersigned gives permission to receive surveys by e-mail in order to improve the quality of our care.

City: ---------- Date: ----------

Signature: ----------

Please bring your identification (passport, driver's license or ID card) and proof of insurance when submitting your registration form.

The registration form for other family members/children under 16 years old can be found on the back.

Registration for other family members/children under 16

Child 1

Last name, initials: ----------

First name (nickname): ----------

Date of birth: ----------

Gender: ----------

Citizen Service Number (BSN): ----------

Signature (if child between 12 and 16 years old):

Child 2

Last name, initials: ----------

First name (nickname): ----------

Date of birth: ----------

Gender: ----------

Citizen Service Number (BSN): ----------

Signature (if child between 12 and 16 years old):

Child 3

Last name, initials: ----------

First name (nickname): ----------

Date of birth: ----------

Gender: ----------

Citizen Service Number (BSN): ----------

Signature (if child between 12 and 16 years old):

Full Name of Parent/Guardian: ----------

Hereby declares on (Date) ---------- that both parents have given permission to register the above child(ren).

City: ----------

Signature parent 1: ---------- Signature parent 2: ----------