

CHILD FORM

Dear madam, sir,

In order to provide you with optimal care, we need some information from you. Would you please fill in this form as completely as possible? If you have any questions, you can contact our assistants. If you have space too short, you can further add this in the space "other comments" on the last page.

Personal			
surname		Initials	
maiden name		first name	
date of birth		gender	
Adress			
street		number	
city		zip code	
e-mail			
telephone			
Insurance and identity (BSN)			
insurance company			
policy number			
identity number (BSN)			

Previous general practitioner			
name		telephone	
adress			
I request my previous practitioner to transfer my medical records to my new general practitioner			
signature		date	

Inschrijfformulier Huisartsenpraktijk Randwijck

Medication		Which medications does your child use?	
substance name	dose (mgs)	number per day / week	

Allergies		Does your child have any allergies?	
<input type="checkbox"/> penicillin / other antibiotics <input type="checkbox"/> other medications	<input type="checkbox"/> latex / band-aids <input type="checkbox"/> iodine		
<input type="checkbox"/> other (please explain)			

Medical history		What conditions or diseases does your child suffer from?	
please provide below			
- - - - -	- - - - -		

Surgical history		
operation	year	hospital/specialist

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Privacy

I give my doctor permission to make my child's medical records available via the National Switching Point (LSP).

☐ yes

☐ no

If necessary, your most important medical data can be shared with other practitioners, such as the GP on duty, pharmacy or hospital. More information: <https://www.volgjezorg.nl/en>

Our complete privacy statement can be found on our website.

Children

If you register with your minor child(ren) and you live permanently separated from the other parent, please provide details of the other authoritative parent:

name

adress

telephone

Alert in case of emergency (parents will be contacted first)

Important contacts

name

relation

telephone

Other remarks

Other things the doctor needs to know about

To be filled out by assistant

identification

passport

id-card