

APPLICATIONFORM GENERAL PRACTICE PASTEUR - ZAMENHOF

Please answer all the questions. For each applicant a new form.

Incomplete forms of incorrect data cannot be processed. In which case the application stops.

Sometime we need extra communication, or we invite the applicant for a personal dialogue. Afterwards we further evaluate the application.

The last step is we request your previous (Dutch) G.P. to send us your medical file. We then process your files in our medical data system. When that point is successfully reached, register you in our general practice. You get an confirmation – email. Then we can provide good care.

Surname	
Initials	
Call sign	
Date of birth	
Birthplace	
Man / Women / XX	
Citizen's Service Nr. (BSN)	
Identity -document Document-number	NL-Passport / NL-Drivers Lic. /NL-Identity card / Foreigners document
Zip code / house number	/ / /
Street / Residence	/
Telephone number(s)	
E-mail address	
Health Insurance Company	
Health insurance nr.	
Previous GP / Town	/
Permission to previous GP for transfer medical files	Yes / No
Permission LSP for acting G.P. i.c. nightly urgency	Yes / No
Consent Rules of the house	Yes / No
Your Pharmacy	
Date of application	
Signature of applicant: (16 years or above)	Signature:

If the applicant is a child of below 16 years of age, then please fill in the following:

Do you have parental authority over applicant?	Yes / No Signature:
Do both parents have parental authority?	Yes / No In case only one parent has parental authority, please inform us!
Explanation about parental authority (in case of one parent) :	