



Registration form/ Consent form

First name/ surname	M/F	Date of birth	BSN	Mobile phone number

New address in Almere _____ Zip code _____

Mobile number _____

Previous address _____ Zip code _____

City _____

Name of previous GP _____ City _____

Name of previous pharmacy _____ City _____

E-mail address: _____

(This information will not be given to other parties, but will only be used in case the doctor makes a referral)

Do you live in an institution? YES/NO If yes, which one?: _____

Do you have a WLZ indicatie? YES/NO

Register for LSP (for the emergency post at the hospital and pharmacy): YES/ NO

Register for Mijn Gezondheid.Net (MGN): YES/ NO

For people who move within Almere:

I hereby give permission to have my medical information from my previous GP send to my new GP and pharmacy.

For people who have recently moved to Almere:

I will inform my previous GP to send over my medical file to my new GP (Homerus).

Mr. / Mrs. _____ Date _____

Signature* _____

*** Every family member who is 16 years of age or older needs to sign this form. Everyone's passport or ID needs to be shown when registering.**

You can give this form to the medical assistant at the desk, put it in our letterbox or send it by e-mail to: assistente@huisartsenpraktijk-homerus.nl.

To be filled out by members of staff:

OVERZETTEN NAAR ARTSENCODE: TK / TI