

## Welcome

We need the following information to register you.  
Please complete this form completely. Thank you in advance!

## Personal data

First name: ..... Initials: .....  
Surname: .....  
Date of Birth: ..... Place of Birth: .....  
**Citizen Service Number (BSN):** .....  
Health insurer and policy number: .....  
  
Address: .....  
Postal Code: ..... City: .....  
Phone number(s): .....  
Email address: .....

We are legally required to verify your identity and record the number and type of ID (passport, ID card, driver's license) in our records. Therefore, please show your ID to the assistant when registering. Enter the document type and number here:

**Passport / ID card / driving license number :** .....

## Medical Data

Which **pharmacy** will you use? .....

**PLEASE NOTE: Please arrange the transfer to your new pharmacy yourself.**

Do you give permission to **share** some **important medical information** with the GP Emergency Post, hospitals and pharmacies? This is in your best interest, for example, in **an emergency** .

☐ yes ☐ no

By checking 'yes' you agree to the terms and conditions at <https://www.v o lgjezorg.nl/>.

Do you give us permission to request your **file from your previous GP?**

☐ yes ☐ no ( we cannot receive your data without your permission)

**PLEASE NOTE: Also give permission to your previous GP to forward your file!**

Name of **previous GP** : .....

Place of previous GP: .....

*We process various personal data in connection with your medical treatment and the associated financial settlement. For more information, please consult our website: [Privacy Statement](#).*

*If you are over 16 years old, we will send you an email to use [Spreekuur.nl](#).*

Kind regards,

**date:**

**your signature:**

Sander Broens, general practitioner  
BIG registration 9049335101

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