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| **Intake form new patient general practice Elsendorp****Please note: if you currently live in Gemert, De Mortel or Bakel, you can already fill in this form, but we will take you as a patient in our practice from 5 September. Until then, you should use your current gp.***Fill in a separate intake form for each family member* Date |

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| **Personal data** |
| Surname: |  |
| Maiden name: |  |
| Initials: |  |
| First name: |  |
| Date of birth: |  |
| Gender: |  |
| Profession: |  |
| Marital status: |  |

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| **Address**  |
| Street name: |  |
| House number: |  |
| Zip code: |  |
| Residence: |  |
| Telephone number: |  |
| Mobile number: |  |
| Email: |  |

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| **Insurance data and BSN number** |
| Name of health insurer: |  |
| Verzekeringsnummer: |  |
| Insurance start date: |  |
| Citizen service number:BSN |  |

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| **Details previous GP / GP at your other home address** |
| Name: |  |
| Address: |  |
| Residence: |  |
| Telephone number: |  |
| Email: |  |

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| **Details previous pharmacy / pharmacy at your other home address** |
| Name: |  |
| Address: |  |
| Residence: |  |
| Telephone number: |  |
| Email:  |  |

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| **Medical data** |
| Are you allergic to or familiar with side effects for medicines or excipients? (like penicillin, lactose)If so, for which medicines and/or excipients? What are the side effects? |
| Medicinal product and/or excipient | Side effect |
| **Are you taking medication?** | * yes
* No
 |
| **We would like to ask you to request an up-to-date medication list from your current pharmacy. And to attach it.****Do you use over-the-counter remedies / alternative means / dietary supplements?**Think of painkillers, stomach tablets, vitamin preparations, St. John's wort. |

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| **Do you have problems using a medicine?** For example, difficulty swallowing, opening packaging, eye dripping, injecting insulin, forgetting to take on time.  |

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| **Do you use a weekly dosing system for your medicines?*** yes
* No
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| **Do you have a chronic illness or does one of these diseases run in your family?** |
|  | With you: | In your family: |
| Diabetes | * yes
* No
 | * yes
* No
 |
| Cardiovascular diseases | * yes
* No
 | * yes
* No
 |
| Kidney diseases | * Yes
* No
 | * yes
* No
 |
| High blood pressure | * yes
* No
 | * Yes
* No
 |
| Astma or COPD | * yes
* No
 | * yes
* No
 |
| Epilepsy | * yes
* No
 | * yes
* No
 |
| Other diseases |  |  |
| **Are you currently under the control of your doctor for the above. If so, which ones?** |  |

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| **Do hereditary diseases or disorders occur** **in your** **family?** | * yes
* No
 | If so, which ones? |

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| **Do you get a flu vaccination?** | * yes
* No
 | If so, why? |

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| **Are you being treated by a specialist?** | * yes
* No

If so, at whom and which hospital? |
| **Have you ever had surgery?** | * yes
* No

If so, to what end and when? |

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| **Have you ever had an accident?** | * yes
* No

If so, when? |
| **Are there lasting consequences?** | * yes
* No

If so, which ones? |

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| **Are there any topics that you think the gp should be aware of?**  |

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| **Lifestyle** |
| Do you smoke? | * yes
* No
 | If so, how many cigarettes/cigars per day? |
| Do you use alcohol? | * yes
* No
 | If so, how many consumptions per day/per week? |
| Do you use drugs? | * yes
* No
 | If so, which ones and how much? |

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| **Consent of the patient for the retrieval and exchange of data to other healthcare providers with due observance of medical confidentiality.** Requesting your medical data from your previous gp is necessary for the provision of medical care. |
| Request medication data from your pharmacy | * yes
* No
 |
| Exchanging data with the hospital in the context of a treatment | * yes
* No
 |
| Request data from other healthcare providers | * No
* Yes, always, no objection to exchange
 |
| Making data available to healthcare providers | * No
* Yes, always, no objection to exchange
 |

We would like to ask you to take a look at our website:

[Mcmiddenpeel.praktijkinfo.nl](http://mcmiddenpeel.praktijkinfo.nl)

You can register there to create a patient portal . There are several advantages to this. More information can be found on the website.

If you already have a patient portal with your current GP, ask there to disconnect, only then you can view your file with us.

**I agree to the retrieval and exchange of my data as indicated above.**

**Date:................................. ....................**

**Signature:..............................................**