

Medisch Centrum de Pionier
Hugo de Vriesstraat 17
2152 CT Nieuw Vennep
Tel: 0252-245500

In te vullen door de assistente:

Formulier volledig: ja/nee

ID check/BSN: ja/nee

Oude huisarts inlichten: ja/nee

- B. Berndsens / D.Hertog
- C.T. de Ruijter
- F. Slabbekoorn

ION: ja/nee

COV check: ja/nee

MGN mail: ja/nee

Registrationform

(return in person with a valid ID)

***cross out what is not applicable**

Personal information

Surname / Maiden name	/	M/F*
Initials / First name	/	
Date of birth		
Address / Number	/	
Zipcode / City	/	
Telephone numbers	/	
Social situation	Single /Living together/ Married/ Family/One parent family/ Divorced	
Profession		
If divorced and you have children, who has the family guardianship?	Father/ Mother/ Both * →Please attach a copy from the judicial sentence	
Email		

Insurance name	
Insurance number	
BSN number	

Information previous general practitioner

(Please unsubscribe at your previous general practitioner. Please bring in person your medical file to us or by special delivery.)

Name	
City	
Fax number	

Medical information

	Do you have a medical history with one of the following diseases? If yes, since when?	Are these diseases present in your family?
Hypertension/bloodpressure		
Cardio and vascular disease		
Pulmonary disease		
Kidney disease		
Stomach or bowel disease		
Diabetes		
Regular bladder infections		
Cancer		

Psychiatric diseases		
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Allergic reactions for medication?	Yes/ No*	If yes, please specify?
Allergic reactions for iodine ?	Yes/ No*	
Food intolerances?	Yes/ No*	If yes, please specify?

Did you ever have a surgical intervention?

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Previous hospital admissions + treatments:

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Do you take medication? If yes, please specify:

1.	4.
2.	5.
3.	6.

Did you receive the annual flu-vaccination?

Yes / No* _____

Do you smoke? (If yes, what do you smoke and how many daily?)

Yes/ No* _____

Do you drink alcohol? (If yes, what do you drink and how many glasses a day?)

Yes/ No* _____

Do you (sometimes) use drugs? (If yes, what do you use and how often?)

Yes/ No* _____

Is there anything else important for us to know?

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For females

Do you have a IUD?

Yes/ No*

If yes, since? _____

Are you pregnant?

Yes/No*

If yes, the first day of the last

Menstruation: _____

Date:

Signature:

To be completed by the assistant:

Inleverdatum:	
Toegewezen huisarts:	Apotheek:
Familie hier al patiënt? Ja / Nee, Zo ja, bij wie?	
Waarmee gelegitimeerd?	

Huisartsenpraktijk de Pionier
Hugo de Vriesstraat 17
2152CT Nieuw Vennep
T:0252-245500
F:0252-245505

Subject: Electronic exchange of your data via MijnMitz.nl

Dear Madam/Sir,

Please, read this letter carefully

What is Mitz?

Are you receiving medical care? Care providers sometimes want to share your medical data with each other. For example, your GP provides data to your pharmacy. This is only allowed with your consent. For this consent we use Mitz. Through MijnMitz, you decide who is allowed to share what medical data with whom. MijnMitz lists all your consent settings in one place.

MijnMitz does not contain any medical data, only your consent settings for care providers.

You can always adjust your choices. They are valid immediately.

You can view this permission when you log in to MijnMitz with your DiGiD

How does Mitz work?

Go to MijnMitz.nl this website explains how Mitz works. On that website you can also find frequently asked questions.

Do you have other questions about giving consent or Mitz?

Then call Mitz: 088-5060800. Available on weekdays from 9:00 am to 5:00 pm.

Sincerely,

B.Berndsen/D.Hertog, general practitioners
C.T.de Ruijter, general practitioner
F.Slabbekoorn, general practitioner