**Registration form**

 **Medisch Centrum IJmuiden**

You have indicated that you want to be registered in our practice. Would you be so kind to fill in this form, sign it and inform your previous general practitioner about the switch?

Surname :

First name :

Gender :

Date of birth :

BSN number :

Marital status :

Address :

Place / zip code :

Email :

Phone number (06) :

Landline tel. nr. :

Job :

Health insurer :

Health insurance number :

Pharmacy :

Previous GP :

Document number identification,
passport / drivers license / ID-card :

I give permission to the hospital to view my file: **yes / no**

I hereby declare that I have registered myself with :

Medisch Centrum IJmuiden, Scheldestraat 101 1972TL IJmuiden

Place: Date: Signature: