

Dear Sir / Madam,

As a modern digital practice, we make use of several e-health solutions. We apply MijnGezondheid.net for this, a safe online patient portal where you can arrange your own health matters. Availability by phone is limited, online we are available 24/7.

If you are someone who prefers to arrange as much as possible digitally, instead of waiting on the phone, we are the ideal practice for you.

If you wish to register, please return the following documents to us:

1. This registration form, signed;
2. Copy of documentation of identity;
3. Copy of Health Insurance registration or card.

Please email to: info@010doc.nl

You must also declare to agree with our house rules. If you are not willing to comply with the house rules, we will not accept your registration request.

We will declare your healthcare costs according to the set tariffs by NZA, directly with your health insurer. Your insurer will reimburse it, possibly with your deductible/excess. For healthcare costs not reimbursed by your insurance, you will receive the bill yourself.

For more information, please visit: <https://h4i.nl/network/?lang=en>

Lastly, we recommend you to register with your local pharmacy (apotheek in Dutch). This can be done via website of the pharmacy and only takes a few minutes.

For more information, please visit: <https://www.iamexpat.nl/expat-info/dutch-healthcare-system/medicine-pharmacies-netherlands>

Kind regards,

Huisartsenpraktijk 010DOC

Gerdesiaweg 488
3061 RA Rotterdam

T: 010 – 311 88 30

E: info@010doc.nl

HOUSE RULES

Your address

Due to the Health Insurance Act (Zorgverzekeringswet), we have an obligation to be able to be at your home within a certain timeframe in case of an emergency. As a result, in order to fulfill this obligation, your residence address must be in our care area. Until your address is not verified, we cannot register you as our patient.

- Register as soon as possible in the Municipal Personal Records Database (BRP).
- In case this isn't possible or the registration is taking too long to process, you can hand in a different kind of proof. For example, a rental agreement or municipal confirmation.
- Inform us of any address changes.

Conduct

Unfortunately, aggression in our practice is becoming increasingly common. We do not tolerate any physical or verbal aggression towards our staff. These incidents will be documented and discussed internally. We will then take the appropriate measures, in accordance with the guidelines of the Dutch Doctor Federation KNMG.

No-show policy

Appearing late or not appearing to your scheduled appointment can have various understandable reasons. Unexpected situations will naturally occur from time to time, and we fully comprehend this. However, if it happens too often we will unfortunately have to bill you.

- Cancel your appointments at least 24 hours in advance (on business days only), preferably by email info@010doc.nl.

Minors

Minors below the age of 16, must have at least one parent/caretaker registered as our patient. This parent/caretaker will sign for the minor. If there is a divorce with shared parental custody, both parents must sign for the registration of the child.

From the age of 16, they must sign themselves, under the Protection Of Personal Information Act (Wet bescherming persoonsgegevens).

De-registration

If you change physician or move (abroad), please let us know by sending an email to info@010doc.nl. This way we can ensure your medical file doesn't get lost and we can maintain an update of our patient population. Furthermore, you are not allowed to be registered at more than one practice.

- Inform us in case you move or register elsewhere.
- Inform us if your contact details have changed (telephone number, e-mail).

On the following page you will sign to declare that you have read, understood and accepted the house rules above.

REGISTRATION FORM

Surname/family name + Title :

Maiden name (if applicable) :

Initials (+ first name) :

Date of birth :

BSN (Citizen Service No.) :

Marital status :

Home address (Street + No.) :

Postal code + City :

Telephone number(s) :

E-mail address :

Insurance company (+ Number) :

Preferred pharmacy :

Previous physician's :

Name religion :

Nationality :

Education or profession :

You are advised to register with a pharmacy near to where you live. Your prescription will be sent automatically to the chosen pharmacy.

*Fill in your postal code to find the nearest pharmacy:
<https://www.apotheek.nl/vind-een-apotheek>*

I authorize my physician to make my medical data available in the LSP to other healthcare providers, if this is necessary for my treatment. Yes
No
 →For more information, please visit <https://www.volggezorg.nl/en>

YES, I would like to sign up to MijnGezondheid.net (online patient portal).
 →Scheduling appointments, viewing your medical file, etc. This is mandatory from 1st July 2020.

Consent with the transfer of medical records (if applicable)

YES, I hereby give consent to my previous physician, doctor
 to transfer my medical file digitally via ZorgFileTransfer to my new physician,
Huisartsenpraktijk 010DOC, dokter V.T. Nguyen, praktijk AGB-code 01009133

The undersigned hereby declares to have read, understood and accepted the house rules.

Rotterdam,(date) Signature of patient/guardian:

**If you do not consent to the transfer of your medical file to Huisartsenpraktijk 010DOC, we unfortunately will be unable to provide adequate care; therefore we will not accept your registration.*

MEDICAL HISTORY FORM

We would appreciate if you would fill out this form concerning your health.

Under the Medical Treatment Agreement Act (WGBO) the patient must fully inform the physician about their health.

Medical history that may be of importance (Current and past conditions)

Are you currently being treated by a specialist?

(Please list the specialist's name and the hospital)

Current medication (Please list the name of the drug, strength and dosage)

Allergies

Do you smoke?

No, I have never smoked.

Yes, cigarette(s) per day.

Previously year(s).....cigarette(s) per day. Quit as of:

Are there any (hereditary) conditions in the family?

Diabetes Family member:

High cholesterol Family member:

Heart and vascular disease Family member: From age:

Cancer (what type?) Family member:

Other medical information you wish to disclose:

Please send us a copy of your identification card together with this registration form.