**Registration form General practice Co-Med Amsterdam-Slotervaart.**

How nice that you want to register with GP Practice Co-Med Amsterdam-Slotervaart!

**Do you want to take the following into account:**

* If you want to register with us as a new patient, you first have to deregister with your old GP. Otherwise we will unfortunately not be able to register you.
* A separate form must be completed for each family member, whereby a child aged 16 or older must give permission for transfer to a new GP.
* You can mail the completed form to: amsterdam@co-med.nl
* As soon as the practice has checked your details, you will receive a confirmation of registration.
* If you would like to meet the GP after registration, please contact the assistant to schedule an appointment for an introductory meeting.
* When registering, a valid proof of identity has to be shown.

Registration details Date

|  |  |
| --- | --- |
| Initials |  |
| First name |  |
| Last Name |  |
| Last Name partner |  |
| Date of birth |  |
| Social security number (BSN) |  |
| Gender  | M/F/gender neutral |
| Address/ house number |  |
| Postal code |  |
| City |  |
| Phone number |  |
| Email address |  |
| Health insurer / Policy number |  |
| Country of birth |  |
| Previous general practice |  |

We can almost register you now, there are 4 more questions for which we need your permission.

The permission is necessary to ensure that we can take over your medical data.

* **Gives permission to GP:** to request medical data from previous GP /does not give permission to request\*

The permission is necessary to ensure that we can register you with the insurer:

* **Gives permission to GP:** to register the new GP with the health insurance (ION) /I do not give permission for this\*

By giving permission, you agree that your file can be viewed in an observation/urgent situation. www.volgjezorg.nl/het-lsp

* **Gives permission to GP:** For access to your data for treating doctors in observation situations (Opt-in) / does not give permission for this \*

The patient portal is a portal where you have partial access to your own file.

* **Gives permission to GP**: for registration for the Patient Portal / does not give permission for this \*

\*(cross out what does not apply)

Date: Signature