**H.A. van der Sluijs, general practitioner**

**Nijlandlaan 63**

**5505 PB Veldhoven**

We welcome you in the practice of doctor van der Sluijs

Before we can register you, we need some information

Surename;………………………………………………………………………………………………………………………………………

Family name;…………………………………………………………………………………………………………………………………

Adress;……………………………………………………………………………………………………………………………………………

Postal code/city;………………………………………………………………………………………………………………………………

Day of birth;……………………………………………………………………………………………………

Gender;………….

Tel Mobile number;…………………………………………………

Email-adress;…………………………………………………………………………

Health insurance company;…………………………………………………

Number;……………………………………………………………………………………

Social security number (BSN);……………………………………………………………………………………………………………

Pharmacy;…………………………………………………………………………………………………………………………………………

Previous doctor;…………………………………………………………………………………………………………………………………

Date and signature;…………………………………………………………………………………

We kindly ask you to fill in this form and return it to us so we can register you.

If your previous doctor is in the Netherlands we will request for you medical file.