

Registration form

Doctor's Practice/ huisartsenpraktijk van der Duin/van Dinther
Duivendaal 4 (behind Bestuursgebouw WUR)
6701 AR Wageningen
Tel. 0317- 466600
Website: www.dehuisarts.uwartsonline.nl

Important: please deliver this together with a copy of your insurance policy and ID at the Forum of the WUR or at our practice on Duivendaal 4!

Please answer all questions below:

Surname _____
First name _____
Sex F / M _____
Date of birth ___ / ___ / ___
Place of birth _____
Address (Dutch!) _____
Place _____ Postal code: (___ / ___)
Telephone _____
Insurance company _____ Number: _____
Occupation _____
Marital status _____
Expected time of stay _____
Who is your previous general practitioner? (Name and address, if Dutch)

Questions regarding your medical condition

1. Do you suffer from any medical disease? YES/NO

2. Are you currently seen by any specialist in hospital? YES / NO
If yes, indicate who? _____
3. Do you have a history of an important medical disease? YES/NO

4. Have you ever had a surgery? YES / NO
If yes, please clarify when and what surgery: _____
5. Do you use any medication? YES / NO
If yes, please clarify: _____

6. Do you have allergies? YES/NO

Any other relevant information: _____

Date: ___ / ___ / ___

Signature: _____