

Application form Huisartsenpraktijk Groningen

Only for postal codes 9743, 9742, 9741, 9726, 9725, 9724, 9718, 9717, 9716, 9714, 9712, 9711

Please fill in a form per member of your family.

Your application is completed after verifying an ID and a first consultation with a GP.

Please come to our practice with this form and your ID. We will verify ID's from every family member:

- For children until 11 years old the ID of the parents will be verified;
- Children from 12 years or older can show their own ID.

After an intake with a GP, your application is completed.

Last name: First initials: male / female

Address: Place / Residence:

Postal code: Telephone no.:

Email: Date of Birth:

Birth place: Country of birth:

BSN number (if available):

Company name health insurance:

Health insurance number:

Pharmacy Groningen:

Previous GP name:

Residence previous GP:

Document type for identification: Citizen card / Identification card / Passport

Document number:

I **do / don't** give permission (*please strike through*) sharing my patient file with other healthcare providers through the National Exchange Point (LSP).

(See for more information: www.volgiezorg.nl/en)

I declare that I want to register as a patient at A. Affara in Groningen (AGB code GP 01025476 and practice 1059215) and give permission to request my patient file from my previous GP.

Date:

Signature:

(In case of a child younger than 12 years old, please submit the signature of a parent)

Email: praktijkaffara@ezorg.nl