

# AANMELDINGSFORMULIER NIEUWE PATIËNT

In te vullen voorafgaand uw eerste consult bij de verpleegkundige of huisarts.

## 1. Persoonlijke Gegevens

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| Naam |  |
| Voornaam |  |
| Rijksregisternummer |  |
| Nummer identiteitskaart |  |
| E-mailadres |  |
| Telefoonnummer |  |
| Vorige huisarts (+gemeente) |  |

## 2. Medische Voorgeschiedenis

Heeft u bepaalde chronische aandoeningen of relevante medische voorgeschiedenis?

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## 3. Relevante familiale voorgeschiedenis

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## 4. Allergieën (o.a. medicatie/antibiotica) + reactie

☐ Ja  ☐ Nee

Zo ja, welke?

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## 5. Operaties in de voorgeschiedenis

☐ Ja  ☐ Nee

Zo ja, welke en wanneer?

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## 6. Medicatieschema

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| Mediatie | Dosering | Tijdstip van inname | Reden van gebruik |
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