**Intake for new patients GP practice Neer**

You have registered as a patient at general practice Neer. The purpose of this questionnaire is to make your (medical) data known to us as completely as possible. In addition to general data and health data from the past, questions are asked to say something about your current health. If the available space is insufficient, you can write further information on the back of this form.

**Each family member receives their own questionnaire.**

**Personal data:**

|  |  |  |
| --- | --- | --- |
| Country of origin and language: |  | |
| Married and maiden name: |  | |
| Initials: | Gender: Male / Female | |
| Address: |  | |
| ZIP code and City: |  | |
| Date of birth: | Place of birth: | |
| Phone number: | Home | |
| Mobile: | |
| E-mail address: |  | |
| Marital status: |  | |
| Children: |  | |
| Name last GP: | Place last PG: | |
| Health insurance: | Insurance number: | |
| Passport/ID card/Driver’s license: | Document number: | |
| Social Security Number: |  | |
| Pharmacy: | Heythuysen/Neer | Haelen |
| Different: | |
| Job / education : |  | |

**Medical data:**

|  |  |
| --- | --- |
| Are you under periodic control with any specialists? (if so: what for?) | Are you under treatment with a practice nurse?  Diabetes Mellitus / CVRM /Asthma/COPD |
| Have you ever had surgery or been hospitalized? (if so: what for?) | No / Yes: |
| Are you taking any medications? ( if so, which one?) | No / Yes: |

**Risk factors:**

|  |  |  |
| --- | --- | --- |
| Do you smoke? | No / Yes:  Stopped since: | |
| Do you use alcohol? (please specify yes; a day or a week) | No / Yes: glasses a day or week: | |
| Have you ever used drugs: | No / Yes: Name drugs: | |
| Do you and/or your family (parents, brothers and sisters) have one of the following conditions: | Which family member:  experienced yourself: family member:   ↓ ↓ | |
| \*High blood pressure |  |  |
| \*Heart attack |  |  |
| \*Stroke/TIA |  |  |
| \*Blood Vessel Surgery |  |  |
| \*Diabetes mellitus |  |  |
| \*Lung disease such as emphysema, asthma or chronic bronchitis. |  |  |
| \*Breast cancer |  |  |
| \*Colon cancer |  |  |
| For women aged 30-60 years:  When was the last cervical cancer swab taken? |  | |
| For women aged 50-75 years:  When were the last mammography pictures taken? |  | |
| Expectations of your GP (in general) |  | |

Do you agree that, if necessary, the pharmacy, general practitioner and/or hospital can view medical data via LSP? No / Yes:

\*On the back you can add comments / details. This questionnaire will be discussed during an introductory consult.

The undersigned declares to be registered as a patient with the above general practice.

And gives permission to transfer the medical file to the above general practitioner.

We would like to urgently ask you to indicate in the hospital, your pharmacy and other authorities that you have changed your GP.

**Date: Signature:**