

REGISTRATION FORM VISITING GUEST

Personal data	
Initials:	
Name:	
Date of birth:	
Gender:	
Home address:	
Temp./holiday address	
Telephone number where you can be reached:	
National Insurance or Social Security number:	
Health insurance company:	
Insurance number:	
Your GP:	
Your pharmacy:	

In order to ensure that you are always given medication which is suitable for you, it is important that you specify below: any hypersensitiveness an conditions (for example high blood pressure, diabetes, cow's milk allergy, asthma)	
Conditions:	
Hypersensitive to:	

It is recommended to mention a pregnancy or period of breast feeding tot the pharmacy because not all medication can be used during such times. If you are currently pregnant or breast feeding, please indicate so here:

Expected date of delivery in case of pregnancy :

Are you allergic to or aware of any side effects to any medication or substances? (such as penicillin, lactose) If so, which medication and/or substances; what are the side effects:

Medication and/or substance	Side effect

If you take medication regularly, please specify the name(s) of the medication below and how often you use it. Please remember to include any alternative/homeopathic and/or self-medication. If possible, also specify the active ingredient of the medication.

Medication	Dose	Use

Please remember that the use of drugs and alcohol may influence the effect of medication and may even cause unwanted effects. Therefore, please report any use of drugs/alcohol beforehand.

Passing on medical data is essential to receive good medical treatment. You will be given an overview of the medication prescribed to you by the GP/pharmacy, so you can inform your own pharmacy/GP about your medication. It is your own responsibility to pass this information on.

With my signature I give permission for requesting my medical records from my GP and from my pharmacy.

Date:.....

Signature:.....

Place:.....

Legitimatie gecontroleerd: ja / nee, document..... paraaf medewerker:

