

Date: _____ Name of health care centre: _____

Initials: _____ Surname: _____ m / f

Date of birth: _____

Marital status (cross out what does not apply):

living alone / married / living together / family / divorced / widow / widower

Were you in contact with the nurse practitioner at your previous general practitioner? yes / no

If yes, what was the reason?

General questions (cross out what does not apply):

- What is your length? _____ cm
- What is your weight? _____ kg
- Do you smoke? yes / no / quit
- Do you drink alcohol? yes / no
If yes, how many units per day, week, month? _____ units per _____
- Do you have a donor card? yes / no
- Do you have a euthanasia certificate? yes / no

Do you have:

- high blood pressure yes / no
- a cardiovascular disease yes / no
if yes, which one? _____
- diabetes mellitus (diabetes) yes / no
- asthma and or COPD yes / no
- other serious illnesses not mentioned above? yes / no
if yes, which one? _____
- an allergy/hypersensitivity yes / no
if yes, to what? _____
- are you allergic to certain medicines? yes / no
if yes, for which ones? _____

Do your parents / brothers / sisters under the age of 60 suffer from cardiovascular disease? yes / no

if yes, which one?

If you would like an introductory meeting with your new general practitioner, then please make an appointment with the doctor's assistant immediately.

If there is anything else that you would like or need your doctor to know about, please explain this below:

I hereby declare:

- That my medical and pharmaceutical information may be requested from my previous GP and/or pharmacy and that those details may be included in my medical record with my new GP and pharmacy¹
 YES GP NO GP
 YES pharmacy NO pharmacy

¹ It is important that your GP and pharmacy have access to your current information to obtain an accurate picture of your medical status and ensure you receive the right care.